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HCFA

FORMS INFORMATION CATALOG

Health Care Financing Administration

HE 22.2:

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

HCFA

FORMS INFORMATION CATALOG

Health Care Financing Administration
Office of Budget and Administration
March 1989

FOREWORD

The HCFA FORMS INFORMATION CATALOG is a compilation of the forms produced by the Health Care Financing Administration to manage the Medicare/Medicaid programs. The purpose of such a catalog stems from the need to provide a concise and up-to-date report of forms information activity. Distributed by the Office of Budget and Administration, Division of General Services, for use throughout the Department of Health and Human Services, this catalog, consisting of three reports, is published semi-annually. Monthly supplements are available upon request.

The major reports that comprise the HCFA FORMS INFORMATION CATALOG are as follows: Active Forms, Forms Listed by Sponsoring Component, and Obsolete Forms. The form numbers contained in the reports are listed numerically. A glossary of the abbreviations and codes used to describe over 800 form entries appears as part of this introduction (see Index A).

The usefulness of the FORMS INFORMATION CATALOG as an effective resource guide is dependent in large measure on timely processing of accurate and complete forms status information. Users of this catalog are encouraged to assist us in maintaining correct information found in this text. To ensure that new information about the status of a form is transferred from the user to the editors of this publication in a timely and organized manner, we recommend that such information be submitted to the person designated as the Bureau Printing and Distribution Liaison Officer (PDLO). Consult Index B for a complete listing of the Central/Regional Office PDLOs.

To order additional copies of the FORMS INFORMATION CATALOG, or to obtain further information about this publication, contact the HCFA Forms Management Staff at 966-7863 or FTS 646-7863.

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INDEX A - GLOSSARY OF TERMS AND ABBREVIATIONS

1. FORM NUMBER

A number assigned for management control consisting of the following elements:

Prefix- Alpha characters showing the responsible agency's identification;

HA- Hearings and Appeals
HCFA- Health Care Financing Administration
HCFAL- Health Care Financing Administration Letter
SF - Standard Form

Number- The unique set of up to four digits assigned to each form;

e.g., 2552

Suffix- When indicated, a grouping of up to six alpha/numeric symbols denoting; year, series and other special use descriptions. Most frequently occurring special use codes are;

FC- Foreign Claims
INST- Instructions
PR- Puerto Rico
S- Simplified Version
SC- Sensor Code
SP- Spanish Version
T- Test
U- Union

Construction- A two character description denoting construction written in parenthesis;

(C) - Computer Pinfeed Version (followed by a number denotes page count)
(CD)- Card
(BK)- Book
(F)- Folded
(FO)-Folder
(LB)- Labels
(PC)- Post Card
(SE)- Set
(SH)- Single Sheet
(SM)- Self Mailer
(TC)- Tab Card
(TR)- Transparency
(U)- Unit set (followed by a number denotes page count)

INDEX A - GLOSSARY OF TERMS AND ABBREVIATIONS

2. FORM TITLE
The form's full title (space permitting) or an abbreviated version;

e.g., "HOSPITAL COST DATA".

3. EDITION DATE
Indicates month and year of usable edition;

e.g., 12/84

4. SPON OFF (SPONSORING OFFICE)
Current component responsible for text of form;

BMHA- Bureau of Medicare Hearings and Appeals
BDMS- Bureau of Data Management and Strategy
BERC- Bureau of Eligibility, Reimbursement and Coverage
BPO- Bureau of Program Operations
BQC- Bureau of Quality Control
HSQB- Health Standards and Quality Bureau
OA- Office of the Administrator
OEO- Office of Executive Operations
OACT- Office of the Actuary
OBA- Office of Budget and Administration
OPHC- Office of Prepaid Health Care
OPA- Office of Public Affairs
ORD- Office of Research and Demonstrations
PRRB- Provider Reimbursement Review Board

5. USER
Form audience;

AB- Intermediary/Carrier
HQ- Headquarters
OR- Originator of Form
PA- Part A Intermediary
PB- Part B Carrier
PC- Program Service Center
RO- Regional Office
RR- Railroad
SA- State Agency
SS- Social Security

INDEX A - GLOSSARY OF TERMS AND ABBREVIATIONS

6. SUPPLY SOURCE
Storage location;

AUT- Automated form - Electronically transmitted information
DOT- Department of Treasury
FLD- Field Offices
GSA- General Services Administration
HHS- Health and Human Services
HSS- HCFA Supply System
LOC- Locally Reproduced
RGO- Regional Office
SPO- Sponsoring Office
SSI- Social Security Internal
SSS- Social Security Supply System
SSF- Social Security Field Office

7. PRI ACT (PRIVACY ACT)
Forms that collect personal information;

Y- Yes
N- No

8. PUB USE (PUBLIC USE)
Forms requiring a response from the public and/or forms used to inform the public;

Y- Yes
N- No
O- EOMB Approved

9. OMB NUMBER (EXECUTIVE OFFICE OF MANAGEMENT AND BUDGET NUMBER)
Denotes Executive Office of Management and Budget to collect information;

e.g., 0938-9999

10. EXP DATE (EXPIRATION DATE)
Date on which EOMB approval ceases;

e.g., 8/82

11. YEAR OBSOLETED

Effective date of form's inactiviation;

e.g., 7/82

INDEX B - PRINTING AND DISTRIBUTION LIAISON OFFICERS

REGIONAL PDLOs

I.	BOSTON	**DORA EVERETT** Room 1309 JFK Federal Building Boston, MA 02203	FTS 835-1258 617-565-1258
II.	NEW YORK	**MAURICIA ELEBY** Room 3800 26 Federal Plaza New York, NY 10278	FTS 264-3657 212-264-3657
III.	PHILADELPHIA	**RICHARD MALESICH** P.O. Box 7760 Attn: Admin Officer Philadelphia, PA 19101	FTS 596-0571 215-596-0571
IV.	ATLANTA	**HOWARD VOLLMAR** Suite 701, Marietta Towers 101 Marietta Street Atlanta, GA 30323	FTS 331-0138 404-221-224
V.	CHICAGO	**JERRY GREEN** HHS/HCFA Region V 105 Adams, 15th Floor Chicago, IL 60604	FTS 353-3876 312-353-3689
VI.	DALLAS	**SUE KOFAHL** Room 2400 1200 Main Tower Building Dallas, TX 75202	FTS 729-6423 214-767-6423
VII.	KANSAS CITY	**JEWEL BROWNING** Room 235 601 East 12th Street Kansas City, MO 64106	FTS 758-3539 816-867-3539

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VIII.	**DENVER**	**CHARLES WIGLE** Room 580 Federal Building 1961 Stout Street Denver, CO 80294	FTS 564-4024 303-844-4024
IX.	**SAN FRANCISCO**	**PAUL PAPAZIAN** 14th Floor 100 Van Ness Avenue San Francisco, CA 94102	FTS 556-6566 415-556-6566
X.	**SEATTLE**	**ARLETTA BOLES** HHS/HCFA 2201 6th Avenue, Mailstop RX-40 Seattle, WA 98121	FTS 399-0545 206-442-8187

INDEX B - PRINTING AND DISTRIBUTION LIAISON OFFICERS

HEADQUARTERS PDLOS

ORGANIZATION	CONTACT	LOCATION	TELEPHONE
OFFICE OF THE ADMINISTRATOR (OA)	SHIRLEY WEBB	700 EHR	6-3151
PROVIDER REIMBURSEMENT REVIEW BOARD (PRRB)	GERRI WILLIAMS	104 PROF	6-2041
OFFICE OF EXECUTIVE OPERATIONS (OEO)	MELISSA STERLING RUSTY WILLS	766 EHR 690 EHR	6-5228 6-5249
OFFICE OF PUBLIC AFFAIRS (OPA)	MARLYN HARRISON	305H, HHH	426-8390
ASSOCIATE ADMINISTRATOR FOR COMMUNICATIONS (AAC)	ANITA BRETZFIELD	305H, HHH	245-6165
OFFICE OF BUDGET AND ADMINISTRATION (OBA)	CHERYL FUNK	575 EHR	6-7857
OFFICE OF LEGISLATION AND POLICY (OLP)	PAULINE BARNES	339H, HHH	245-0941
HEALTH STANDARDS AND QUALITY BUREAU (HSQB)	TERRY CHOLEWCZYNSKI	2-D-2 ME	6-6783
OFFICE OF RESEARCH AND DEMONSTRATIONS (ORD)	BERRI MICHAEL DYER ALICE YOUNG	1-A-9 OM 1-A-9 OM	6-6572 6-6575
BUREAU OF QUALITY CONTROL (BQC)	JEANNETTE MCKINLEY SUSAN MCCANN	233 EHR 233 EHR	6-3340 6-3244
BUREAU OF PROGRAM OPERATIONS (BPO)	LINDA KEARNEY	3-B-4 ME	6-5890
BUREAU OF ELIGIBILITY, REIMBURSEMENT AND COVERAGE (BERC)	MARIAN KOENIGSBURG GLYNIS JOHNSON	139 EHR 139 EHR	6-5631 6-5675
BUREAU OF DATA MANAGEMENT AND STRATEGY (BDMS)	DEBBIE THOMAS PHYLLIS TUCKER	G-A-2 ME 1-E-9 OM	6-6123 6-5368
OFFICE OF THE ATTORNEY ADVISOR (OAA)	PAM POLLARD	669 EHR	6-3175
ASSOCIATE ADMINISTRATOR FOR POLICY (AAP)	MARY MCLEAN	743 EHR	6-4166

Active Forms

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HEADQUARTERS PDLOs (cont'd)

ASSOCIATE ADMINISTRATOR FOR OPERATIONS (AAO)	BETTY STANTON	784 EHR	6-4287
EQUAL OPPORTUNITY OFFICE (EOO)	LYNN STRANGE	601 EHR	6-5515
OFFICE OF PREPAID HEALTH CARE (OPHC)	HENRIETTA CUNNINGHAM	4360 HHS NORTH	245-0818
OFFICE OF THE ACTUARY (OACT)	BARBARA FREEBURGER	100 EQ5	6-6375
ASSOCIATE ADMINISTRATOR FOR MANAGEMENT (AAM)	MIKE ODACHOWSKI SHERRY CLARK	742 EHR 742 EHR	965-8477 965-8476
OFFICE OF BENEFICIARY SERVICES (OBS)	STEVE PUSATERI	648 EHR	6-3214

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Active Forms

HEALTH CARE FINANCING ADMINISTRATION
FORMS INFORMATION SYSTEM (FIS)
ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1 (SH)	REQUEST FOR FORMS ACTION	04/85	OBA	HQ	SPO	N	N		
HCFA-2 (SH)	INFORMATION FOR CLEARANCE OF PUBLIC USE FORMS	08/77	OBA	HQ	SPO	N	N		
HCFA-6 (U6)	NOTICE OF GRANT AWARD	09/84	OBA	OR	SPO	N	N		
HCFA-7 (CD)	APPLICATION ACKNOWLEDGEMENT RECORD	09/79	OBA	OR	SPO	N	N		
HCFA-10-APG (SH)	FEDERAL ASSISTANCE APPLICATION INSTRUCTIONS	02/81	OBA	OR	SPO	N	O	0938-0078	05/88
HCFA-10-APG (SH)	FEDERAL ASSISTANCE APPLICATION INSTRUCTIONS	03/87	OBA	OR		N	O		
HCFA-18 (F5)	APPLICATION FOR HOSPITAL INSURANCE	10/84	BPO	SS	HSS	Y	O	0938-0251	08/89
HCFA-18-SP (F5)	APPLICATION FOR HOSPITAL INSURANCE	06/84	BPO	SS	SSS	Y	O	0938-0251	08/89
HCFA-25 (BK)	MEDICAID PROGRAM BUDGET REPORT	11/88	BPO	SA		N	O	0938-0101	
HCFA-27 (U3)	INDIVIDUAL PROPERTY RECEIPT	03/82	OBA	OR	SPO	N	N		
HCFA-29 (U4)	REQUEST TO ESTABLISH ELIGIBILITY	05/78	HSQB	SA	HSS	N	O	0938-0074	06/89
HCFA-40 (C1)	MEDICARE CARD ENROLLMENT FORM	04/81	BDMS	HQ	HSS	N	Y		
HCFA-40-B (SH)	APPLICATION FOR ENROLLMENT IN SMI	01/87	BPO	SS		N	Y		
HCFA-40-D (TC)	APPLICATION FOR ENROLLMENT IN SMI	09/83	BDMS	OR	SS	N	Y		
HCFA-40-F (TC)	APPLICATION FOR ENROLLMENT IN SMI	11/81	BDMS	HQ	SPO	N	Y		
HCFA-40-1986 (CD)	APPLICATION FOR ENROLLMENT IN SMI	07/88	BPO	SS	HSS	N	N		

HEALTH CARE FINANCING ADMINISTRATION
FORMS INFORMATION SYSTEM (FIS)
ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-41 (SH)	QUARTERLY SHOWING	12/81	BQC	HQ	SPO	N	O	0938-0081	09/89
HCFA-43 (BK)	APPLICATION FOR ENROLLMENT IN HI/SMI (ESRD)	08/81	BPO	SS	HSS	N	O	0938-0080	07/88
HCFA-55 (LB)	HHS/HCFA MAILING LABEL	05/89	OBA	HQ	SPO	N	N		
HCFA-56 (LB)	HCFA MAILING LABEL	01/82	OBA	HQ	SPO	N	N		
HCFA-64 (BK)	QUARTERLY MEDICAID STATEMENT OF EXPENDITURES	11/88	BPO	SA		N	O	0938-0067	
HCFA-70 (CD)	PERSONNEL FOLDER CHARGE-OUT CARD	06/89	OBA	HQ	SPO	N	N		
HCFA-76 (PC)	CHANGE OF ADDRESS POSTCARD	11/84	OBA	OR	SPO	N	N		
HCFA-76-A (PC)	CHANGE OF ADDRESS CARD	06/80	OBA	OR	SPO	N	N		
HCFA-83 (SH)	TELEPHONE REPORT	12/78	BERC	OR	SPO	N	N		
HCFA-88 (BK)	SNF COST DATA EXTRACTION FORM	06/84	BERC	OR	SPO	N	N		
HCFA-89 (SH)	SNF COST DATA	01/81	BERC	OR	SPO	N	N		
HCFA-91 (SH)	HOSPITAL INTERIM RATE CHANGE REPORT	06/79	BERC	PA	HSS	N	O	0938-0180	02/89
HCFA-113 (CD)	QUARTERLY PIP REPORT CONTROL CARD	04/79	OBA	OR	SPO	N	N		
HCFA-127 (U2)	REQUEST FOR MEDICARE PAYMENT	07/79	ORD	OR	SPO	N	O	0938-0091	05/89
HCFA-127-A (U2)	TRANSMITTAL OF REQUESTS FOR MEDICARE PAYMENT	07/79	ORD	OR	SPO	N	O	0938-0091	05/89
HCFA-127-C (C2)	REQUEST FOR MEDICARE PAYMENT	07/79	ORD	OR	SPO	N	O	0938-0091	05/89

HEALTH CARE FINANCING ADMINISTRATION
FORMS INFORMATION SYSTEM (FIS)
ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-128 (SH)	RECORD OF EXIT INTERVIEW	05/81	OBA	OR	SPO	N	N		
HCFA-129 (SH)	EMPLOYEE CLEARANCE & ACCOUNTABILITY FORM	05/81	OBA	OR	SPO	N	N		
HCFA-132 (BK)	SURVEYOR INVENTORY MARCH 1983	01/83	HSQB	SA	SPO	Y	Y		
SF 135 (SH)	RECORDS TRANSMITTAL & RECEIPT	06/76	OBA	AB	HHS	N	N		
SF 135-A (SH)	RECORDS TRANSMITTAL RECEIPT	07/85	OBA	PA PB	SS	N	N		
HCFA-138 (SH)	TELEPHONE SERVICE REQUEST	08/79	OBA	OR	SPO	N	N		
HCFA-144 (U7)	FACILITIES MODIFICATION REQUEST	08/79	OBA	OR	SPO	N	N		
HCFA-145 (SH)	APPLICATION FOR GOVERNMENT ID CARD	10/88	OBA	OR		Y	N		
SF 148 (U8)	ORDER FOR SUPPLIES/SERVICES SCHEDULE CONTINIA	08/81	OBA	HQ	SPO	N	N		
HCFA-150 (U3)	SUSPENSE NOTICE	08/79	OBA	OR	SPO	N	N		
HCFA-151 (SH)	GRANT AWARDS LETTER	04/87	BQC	HQ	SPO	N	N		
HCFA-L151 (C1)	GRANT AWARDS LETTER	07/88	BQC	HQ	SPO	N	N		
HCFA-L154 (SH)	REQUEST FOR MEDICARE PREMIUM PAYMENT	07/84	OBA	OR		N	Y		
HCFA-158 (U4)	CONFERENCE ROOM RESERVATION REQUEST	10/79	OBA	OR	SPO	N	N		
HCFA-160 (U4)	APPLICATION FOR SPECIAL WOODLAWN PARKING	11/79	OBA	OR	SPO	N	N		

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-162 (SH)	BUREAU DIRECTORS CITATION	04/80	OBA	HQ	SPO	N	N		
HCFA-168 (SH)	PROGRAM INSTRUCTIONS CLEARANCE TRANSMITTAL	11/83	OEO	HQ	SPO	N	N		
HCFA-171 (SH)	RECOMMENDATION FOR CASH AWARD	06/82	OBA	HQ	SPO	N	N		
HCFA-177 (CD)	LITIGATION INDEX CARD	04/80	BPO	OR	SPO	N	N		
HCFA-179 (U7)	TRANSMITTAL & NOTICE OF APPROVAL	03/80	BPO	SA	SPO	N	O	0938-0193	04/90
HCFA-180 (BK)	HOSPITAL COST DATA	04/82	BERC	OR	SPO	N	N		
HCFA-181 (BK)	HOSPITAL COST DATA	04/80	BERC	OR	SPO	N	N		
HCFA-182 (SH)	APPLICATION FOR PARKING	04/80	OBA	HQ	SPO	Y	N		
HCFA-182-A (SH)	PRIVACY ACT STATEMENT FOR PARKING APPLICATION	04/80	OBA	HQ	SPO	Y	N		
HCFA-185 (SH)	EPSDT QC DATA RETRIEVAL WORKSHEET	04/80	BQC	OR	SPO	N	N		
HCFA-186 (SH)	EPSDT ADMINISTRATIVE INFORMATION REVIEW SCHED	04/80	BQC	OR	SPO	N	N		
HCFA-187 (SH)	EPSDT SERVICES REVIEW SCHEDULE	06/80	BQC	OR	SPO	N	N		
HCFA-189 (SH)	PROPERTY IDENTIFICATION	05/80	BPO	OR	SPO	N	N		
HCFA-190 (SH)	CARTON IDENTIFICATION	05/80	BPO	OR	SPO	N	N		
HCFA-197 (SH)	LICENSURE RECOMMENDATION CLIA	10/82	HSQB	RO	SPO	N	N		
HCFA-198 (U4)	REQUEST FOR CLIA LABORATORY INSPECTION	10/82	HSQB	SA	SPO	N	N		

HEALTH CARE FINANCING ADMINISTRATION
FORMS INFORMATION SYSTEM (FIS)
ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-200 (U2)	APPLICATION FOR INITIAL OR RENEWAL OF EXEMPTI	10/82	HSQB	SA	SPO	N	O	0938-0151	03/88
HCFA-201 (SH)	APPLICATION FOR RENEWAL OF LICENSE	10/82	HSQB	RO	SPO	N	O	0938-0151	03/88
HCFA-202 (U2)	APPLICATION UNDER CLINICAL LAB. ACT 67	10/82	HSQB	RO	SPO	N	O	0938-0151	03/88
HCFA-203 (SH)	SERVICES OFFERED IN INTERSTATE COMMERCE	04/86	HSQB	SA		N	O		
HCFA-206 (SH)	APPLICATION FOR LICENSURE UNDER CLIA, ACT 67	10/82	HSQB	OR	HSS	N	O	0938-0151	03/88
HCFA-209 (U2)	LABORATORY PERSONNEL REPORT	10/82	HSQB	SA	SPO	N	O	0938-0151	03/88
HCFA-211 (SH)	CLINICAL LABORATORIES LICENSE	03/81	HSQB	OR	SPO	N	Y		
SF 215 (U5)	DEPOSIT TICKET	05/78	OBA	HQ	SPO	N	N		
HCFA-216 (BK)	APPORTIONMENT OF ALLOWABLE RETURN ON EQUITY (	06/86	BERC	PA	SPO	N	O	0938-0102	09/89
HCFA-217 (SH)	EXCEPTION REQUEST LOG	06/80	BERC	OR	SPO	N	N		
HCFA-L218 (SH)	180 DAY RECEIPT LETTER	06/80	BERC	OR		N	N		
HCFA-219 (SH)	EMPLOYEE REPORT OF FOOD SERVICE	08/80	OBA	OR	SPO	N	N		
HCFA-220 (SH)	MOTOR VEHICLE TRIP TICKET	09/80	OBA	OR	SPO	N	N		
HCFA-221 (BK)	HHA COST DATA	11/86	BERC	OR		N	N		
HCFA-221-A (BK)	HHA COST DATA EXTRACTION FORM	11/86	BERC	OR		N	N		
HCFA-222 (BK)	INDEPENDENT RURAL HEALTH CLINIC	03/83	BERC	PA	HSS	N	O	0938-0107	12/88

HEALTH CARE FINANCING ADMINISTRATION
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ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1 (SH)	REQUEST FOR FORMS ACTION	04/85	OBA	HQ	SPO	N	N		
HCFA-2 (SH)	INFORMATION FOR CLEARANCE OF PUBLIC USE FORMS	08/77	OBA	HQ	SPO	N	N		
HCFA-6 (U6)	NOTICE OF GRANT AWARD	09/84	OBA	OR	SPO	N	N		
HCFA-7 (CD)	APPLICATION ACKNOWLEDGEMENT RECORD	09/79	OBA	OR	SPO	N	N		
HCFA-10-APG (SH)	FEDERAL ASSISTANCE APPLICATION INSTRUCTIONS	02/81	OBA	OR	SPO	N	O	0938-0078	05/88
HCFA-10-APG (SH)	FEDERAL ASSISTANCE APPLICATION INSTRUCTIONS	03/87	OBA	OR		N	O		
HCFA-18 (F5)	APPLICATION FOR HOSPITAL INSURANCE	10/84	BPO	SS	HSS	Y	O	0938-0251	08/89
HCFA-18-SP (F5)	APPLICATION FOR HOSPITAL INSURANCE	06/84	BPO	SS	SSS	Y	O	0938-0251	08/89
HCFA-25 (BK)	MEDICAID PROGRAM BUDGET REPORT	11/88	BPO	SA		N	O	0938-0101	
HCFA-27 (U3)	INDIVIDUAL PROPERTY RECEIPT	03/82	OBA	OR	SPO	N	N		
HCFA-29 (U4)	REQUEST TO ESTABLISH ELIGIBILITY	05/78	HSQB	SA	HSS	N	O	0938-0074	06/89
HCFA-40 (C1)	MEDICARE CARD ENROLLMENT FORM	04/81	BDMS	HQ	HSS	N	Y		
HCFA-40-B (SH)	APPLICATION FOR ENROLLMENT IN SMI	01/87	BPO	SS		N	Y		
HCFA-40-D (TC)	APPLICATION FOR ENROLLMENT IN SMI	09/83	BDMS	OR	SS	N	Y		
HCFA-40-F (TC)	APPLICATION FOR ENROLLMENT IN SMI	11/81	BDMS	HQ	SPO	N	Y		
HCFA-40-1966 (CD)	APPLICATION FOR ENROLLMENT IN SMI	07/88	BPO	SS	HSS	N	N		

HEALTH CARE FINANCING ADMINISTRATION
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ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-41 (SH)	QUARTERLY SHOWING	12/81	BQC	HQ	SPO	N	O	0938-0061	09/89
HCFA-43 (BK)	APPLICATION FOR ENROLLMENT IN HI/SMI (ESRD)	08/81	BPO	SS	HSS	N	O	0938-0080	07/88
HCFA-55 (LB)	HHS/HCFA MAILING LABEL	05/89	OBA	HQ	SPO	N	N		
HCFA-56 (LB)	HCFA MAILING LABEL	01/82	OBA	HQ	SPO	N	N		
HCFA-64 (BK)	QUARTERLY MEDICAID STATEMENT OF EXPENDITURES	11/88	BPO	SA		N	O	0938-0067	
HCFA-70 (CD)	PERSONNEL FOLDER CHARGE-OUT CARD	06/89	OBA	HQ	SPO	N	N		
HCFA-76 (PC)	CHANGE OF ADDRESS POSTCARD	11/84	OBA	OR	SPO	N	N		
HCFA-76-A (PC)	CHANGE OF ADDRESS CARD	06/80	OBA	OR	SPO	N	N		
HCFA-83 (SH)	TELEPHONE REPORT	12/78	BERC	OR	SPO	N	N		
HCFA-88 (BK)	SNF COST DATA EXTRACTION FORM	06/84	BERC	OR	SPO	N	N		
HCFA-89 (SH)	SNF COST DATA	01/81	BERC	OR	SPO	N	N		
HCFA-91 (SH)	HOSPITAL INTERIM RATE CHANGE REPORT	06/79	BERC	PA	HSS	N	O	0938-0180	02/89
HCFA-113 (CD)	QUARTERLY PIP REPORT CONTROL CARD	04/79	OBA	OR	SPO	N	N		
HCFA-127 (U2)	REQUEST FOR MEDICARE PAYMENT	07/79	ORD	OR	SPO	N	O	0938-0091	05/89
HCFA-127-A (U2)	TRANSMITTAL OF REQUESTS FOR MEDICARE PAYMENT	07/79	ORD	OR	SPO	N	O	0938-0091	05/89
HCFA-127-C (C2)	REQUEST FOR MEDICARE PAYMENT	07/79	ORD	OR	SPO	N	O	0938-0091	05/89

HEALTH CARE FINANCING ADMINISTRATION
FORMS INFORMATION SYSTEM (FIS)
ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-128 (SH)	RECORD OF EXIT INTERVIEW	05/81	OBA	OR	SPO	N	N		
HCFA-129 (SH)	EMPLOYEE CLEARANCE & ACCOUNTABILITY FORM	05/81	OBA	OR	SPO	N	N		
HCFA-132 (BK)	SURVEYOR INVENTORY MARCH 1983	01/83	HSQB	SA	SPO	Y	Y		
SF 135 (SH)	RECORDS TRANSMITTAL & RECEIPT	06/76	OBA	AB	HHS	N	N		
SF 135-A (SH)	RECORDS TRANSMITTAL RECEIPT	07/85	OBA	RA PB	SS	N	N		
HCFA-139 (SH)	TELEPHONE SERVICE REQUEST	08/79	OBA	OR	SPO	N	N		
HCFA-144 (U7)	FACILITIES MODIFICATION REQUEST	08/79	OBA	OR	SPO	N	N		
HCFA-145 (SH)	APPLICATION FOR GOVERNMENT ID CARD	10/88	OBA	OR		Y	N		
SF 148 (U8)	ORDER FOR SUPPLIES/SERVICES SCHEDULE CONTINIA	09/81	OBA	HQ	SPO	N	N		
HCFA-150 (U3)	SUSPENSE NOTICE	08/79	OBA	OR	SPO	N	N		
HCFA-151 (SH)	GRANT AWARDS LETTER	04/87	BQC	HQ	SPO	N	N		
HCFA-L151 (C1)	GRANT AWARDS LETTER	07/88	BQC	HQ	SPO	N	N		
HCFA-L154 (SH)	REQUEST FOR MEDICARE PREMIUM PAYMENT	07/84	OBA	OR		N	Y		
HCFA-158 (U4)	CONFERENCE ROOM RESERVATION REQUEST	10/79	OBA	OR	SPO	N	N		
HCFA-160 (U4)	APPLICATION FOR SPECIAL WOODLAWN PARKING	11/79	OBA	OR	SPO	N	N		

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HCFA-162 (SH)	BUREAU DIRECTORS CITATION	04/80	OBA	HQ	SPO	N	N		
HCFA-168 (SH)	PROGRAM INSTRUCTIONS CLEARANCE TRANSMITTAL	11/83	OEO	HQ	SPO	N	N		
HCFA-171 (SH)	RECOMMENDATION FOR CASH AWARD	06/82	OBA	HQ	SPO	N	N		
HCFA-177 (CD)	LITIGATION INDEX CARD	04/80	BPO	OR	SPO	N	N		
HCFA-179 (U7)	TRANSMITTAL & NOTICE OF APPROVAL	03/80	BPO	SA	SPO	N	O	0938-0193	04/90
HCFA-180 (BK)	HOSPITAL COST DATA	04/82	BERC	OR	SPO	N	N		
HCFA-181 (BK)	HOSPITAL COST DATA	04/80	BERC	OR	SPO	N	N		
HCFA-182 (SH)	APPLICATION FOR PARKING	04/80	OBA	HQ	SPO	Y	N		
HCFA-182-A (SH)	PRIVACY ACT STATEMENT FOR PARKING APPLICATION	04/80	OBA	HQ	SPO	Y	N		
HCFA-185 (SH)	EPSDT QC DATA RETRIEVAL WORKSHEET	04/80	BQC	OR	SPO	N	N		
HCFA-186 (SH)	EPSDT ADMINISTRATIVE INFORMATION REVIEW SCHED	04/80	BQC	OR	SPO	N	N		
HCFA-187 (SH)	EPSDT SERVICES REVIEW SCHE[illegible]LE	08/80	BQC	OR	SPO	N	N		
HCFA-189 (SH)	PROPERTY IDENTIFICATION	05/80	BPO	OR	SPO	N	N		
HCFA-190 (SH)	CARTON IDENTIFICATION	05/80	BPO	OR	SPO	N	N		
HCFA-197 (SH)	LICENSURE RECOMMENDATION CLIA	10/82	HSQB	RO	SPO	N	N		
HCFA-198 (U4)	REQUEST FOR CLIA LABORATORY INSPECTION	10/82	HSQB	SA	SPO	N	N		

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HCFA-200 (U2)	APPLICATION FOR INITIAL OR RENEWAL OF EXEMPTI	10/82	HSQB	SA	SPO	N	O	0938-0151	03/88
HCFA-201 (SH)	APPLICATION FOR RENEWAL OF LICENSE	10/82	HSQB	RO	SPO	N	O	0938-0151	03/88
HCFA-202 (U2)	APPLICATION UNDER CLINICAL LAB. ACT 67	10/82	HSQB	RO	SPO	N	O	0938-0151	03/88
HCFA-203 (SH)	SERVICES OFFERED IN INTERSTATE COMMERCE	04/86	HSQB	SA		N	O		
HCFA-206 (SH)	APPLICATION FOR LICENSURE UNDER CLIA, ACT 67	10/82	HSQB	OR	HSS	N	O	0938-0151	03/88
HCFA-209 (U2)	LABORATORY PERSONNEL REPORT	10/82	HSQB	SA	SPO	N	O	0938-0151	03/88
HCFA-211 (SH)	CLINICAL LABORATORIES LICENSE	03/81	HSQB	OR	SPO	N	Y		
SF 215 (U5)	DEPOSIT TICKET	05/78	OBA	HQ	SPO	N	N		
HCFA-216 (BK)	APPORTIONMENT OF ALLOWABLE RETURN ON EQUITY (	06/86	BERC	PA	SPO	N	O	0938-0102	09/89
HCFA-217 (SH)	EXCEPTION REQUEST LOG	06/80	BERC	OR	SPO	N	N		
HCFA-L218 (SH)	180 DAY RECEIPT LETTER	08/80	BERC	OR		N	N		
HCFA-219 (SH)	EMPLOYEE REPORT OF FOOD SERVICE	08/80	OBA	OR	SPO	N	N		
HCFA-220 (SH)	MOTOR VEHICLE TRIP TICKET	09/80	OBA	OR	SPO	N	N		
HCFA-221 (BK)	HHA COST DATA	11/86	BERC	OR		N	N		
HCFA-221-A (BK)	HHA COST DATA EXTRACTION FORM	11/86	BERC	OR		N	N		
HCFA-222 (BK)	INDEPENDENT RURAL HEALTH CLINIC	03/83	BERC	PA	HSS	N	O	0938-0107	12/88

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HCFA-224 (SH)	HOSPITAL CREP INTERMEDIARY EVALUATION	09/80	BQC	RO	LOC	N	N		
HCFA-225 (SH)	HOSPITAL CREP PROVIDER SUMMARY	08/80	BQC	RO	LOC	N	N		
HCFA-226 (SH)	EVALUATION QUESTIONNAIRE RESULTS	08/80	BQC	RO	LOC	N	N		
HCFA-227 (SH)	HOSPITAL COST REPORT OVERVIEW	08/80	BQC	RO	LOC	N	N		
HCFA-228 (SH)	HOSPITAL BASED HHA COST REPORT OVERVIEW	08/80	BQC	RO	LOC	N	N		
HCFA-229 (SH)	HOSPITAL CREP REPORT OF FINDINGS	08/80	BQC	RO	LOC	N	N		
HCFA-230 (TC)	REIMBURSEABLE TIMECARD	09/80	OBA	OR	SPO	N	N		
HCFA-242 (SH)	FREESTANDING FED FUNDED HLTH CENTER WORKSHEET	10/83	BERC	OR	SPO	N	O	0938-0235	09/88
HCFA-244 (U3)	GRANTS MONITORING STATEMENT	12/80	OBA	OR	SPO	N	N		
HCFA-260 (SH)	REQUEST FOR REPLACEMENT OF HIMBEX CARD	07/83	OBA	OR	SPO	N	N		
HCFA-262 (U5)	RQST TO ESTABLISH ELIG IN MEDICARE AS PT	11/88	HSQB	SA		N	O		
HCFA-264 (U3)	RQST FOR PSC ACTION MEDICARE - CS CASE	03/81	OBA	OR	SPO	N	N		
HCFA-265 (BK)	RENAL DIALYSIS FACILITY COST REPORT	12/81	BERC	PA	SPO	N	O	0938-0236	06/89
HCFA-277 (U2)	REQUEST FOR GRAPHICS SERVICES	12/84	OBA	OR	SPO	N	N		
HCFA-282 (BK)	BLOOD BANK INSPECTION CHECKLIST & REPORT	11/84	HSQB	SA	HSS	N	O	0938-0170	10/87
HCFA-283 (U3)	PACKAGING & DISTRIBUTION TRANSMITTAL	02/87	OBA	HQ		N	N		

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HCFA-287 (BK)	HOME OFFICE COST STATEMENT	10/83	BERC	PA	HSS	N	O	0938-0202	07/89
HCFA-L295 (SH)	REQUEST FOR ADDITIONAL BILLING DATA	07/81	BPO	PA		N	Y		
HCFA-296 (SH)	DOCUMENTATION OF MEDICAL RECORDS	10/81	OBA	OR	SPO	N	O	0938-0188	10/85
HCFA-297 (U4)	DEPOSIT VOUCHER RECEIPT	07/81	OBA	OR	SPO	N	N		
HCFA-300 (U3)	REQUEST AND AUTHORIZATION FOR OVERTIME	05/87	OBA	HQ RO		N	N		
HCFA-301-A (BK)	MQC FACE SHEET	05/85	BQC	RO		N	O	0938-0246	08/88
HCFA-313 (BK)	MEDICAID QC FEDERAL MONITORING SCHEDULE	10/85	BQC	OR	HSS	N	N		
HCFA-316 (SE)	WORKSHEET FOR INTEGRATED AFDC	12/82	BQC	OR	SPO	N	O	0938-0094	11/88
HCFA-319 (SH)	STATE MEDICAID QC SAMPLE	03/82	BQC	SA	SPO	N	O	0938-0147	04/88
HCFA-L325 (SH)	RECORDS TRANSMITTAL	06/86	OBA	OR	SPO	N	N		
HCFA-L325-325/A (C2)	MEDICARE INFORMATION NOTICE OF TERMINATION	07/78	BPO	SS					
HCFA-L325-325A (C1)	NOTICE OF TERMINATION OF MEDICAL INS BENEFITS	07/78	BPO	SS		N	Y		
HCFA-L326-326/A (C2)	MEDICARE INFORMATION NOTICE OF TERMINATION OF	07/78	BPO	SS					
HCFA-L326-326A (C1)	RECORD OF TERMINATION OF MEDICAL INSURANCE BE	07/78	BPO	SS		N	Y		
HCFA-L327-327A (C1)	MEDICARE INFORMATION: NOTICE OF TERMINATION O	07/78	BPO	SS		N	N		

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HCFA-329 (SH)	EMPLOYEE LOCATOR AND TELEPHONE DIRECTORY	08/81	OBA	OR	SPO	N	N		
HCFA-331 (SH)	CLAIMS PROCESSING ASSESSMENT SYSTEM REVIEW SC	09/86	BQC	RO	HSS	N	N	0938-0438	07/89
HCFA-336 (SH)	CONTRACT MEMO OF TRANSMITTAL AND CHECKLIST	06/89	OMB	OR		N	N		
HCFA-339 (BK)	PROVIDER COST REPORT REVIEW QUESTIONNAIRE	06/86	BPO	PA	HHS	N	O	0938-0301	12/88
HCFA-340 (U3)	MONEY CONTROL RECORD	02/81	OBA	OR	SPO	N	N		
HCFA-L342 (SH)	QUERY HISTORY REPLY	01/82	OBA	OR		N	Y		
HCFA-347 (U2)	REQUEST FOR DESK TO DESK DISTRIBUTION	10/85	OBA	HQ	SPO	N	N		
HCFA-348 (SH)	ROUTING AND TRANSMITTAL SLIP	07/82	BPO	OR	SPO	N	Y		
HCFA-350 (SH)	REPORT ON PROVIDER PARTICIPATION IN MEDICAID	02/83	BPO	SA	SPO	N	O	0938-0262	07/84
HCFA-352 (U2)	PT/A RECONSIDERATION INPUT RECORD	06/86	BPO	PA		N	N		
HCFA-353 (U2)	PT/A PREHEARING INPUT RECORD	06/86	BPO	PA		N	N		
HCFA-353-A (SH)	PT/A PSRO PREHEARING INPUT RECORD	12/82	BPO	HQ	SPO	N	N		
HCFA-354 (SH)	PT/A POST HEARING INPUT RECORD	06/86	BPO	OR		N	N		
HCFA-358 (SH)	APPLICANT RATING SHEET	06/82	OBA	OR	SPO	N	N		
HCFA-359 (U4)	CORF REQUEST FOR CERTIFICATION	05/83	HSQB	SA	HSS	N	O	0938-0267	11/87
HCFA-360 (BK)	CORF SURVEY REPORT	06/87	HSQB	SA		N	O	0938-0267	11/87

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HCFA-361 (CD)	BLOOD ASSURANCE INFORMATION CARD	06/82	OBA	HQ	SPO	N	N		
HCFA-362 (CD)	STOCK REPLENISHMENT CARD	07/82	OBA	OR	SPO	N	N		
HCFA-363 (U2)	ADJUSTMENTS TO COOLWHIP	11/83	OBA	OR	SPO	N	N		
HCFA-364 (CD)	SERIAL NO. REGISTER & MAINTAINANCE RECORD	07/82	OBA	OR	SPO	N	N		
HCFA-L 365 (SH)	REPORT TO MEDICARE OF AUTOMOBILE/LIABILITY IN	07/85	BPO	AB		Y	O	0938-0214	
HCFA-L366	YOUR INQUIRY ABOUT CLAIM RELATED HI/SMI	04/88	OBA	OR	O	N	N		
HCFA-L366 (SH)	HIB/SMIB PROBLEM REFERRAL	10/80	OBA	OR		N	N		
HCFA-369 (CD)	MAILING LIST REVIEW RESPONSE CARD	08/82	OBA	OR	SPO	N	Y		
HCFA-370 (SH)	HEALTH INSURANCE BENEFITS AGREEMENT	09/82	HSQB	SA	HSS	N	N		
HCFA-373 (SH)	ADDENDUM TO SF 171	08/82	OBA	HQ	SPO	N	N		
HCFA-374 (U4)	STATUS OF STAFFING ACTION	12/88	OBA	HQ		N	N		
HCFA-375 (BK)	HOSPITAL BASED ESRD COST DATA	09/82	BERC	OR	SPO	N	N		
HCFA-376 (BK)	INDEPENDENT ESRD COST DATA	09/82	BERC	OR	SPO	N	N		
HCFA-377 (U4)	AMBULATORY SURGICAL CENTER REQUEST	12/82	HSQB	AB	SPO	N	O	0938-0266	01/90
HCFA-378 (BK)	AMBULATORY SURGICAL CENTER SURVEY REPORT	12/82	HSQB	SA	RGO	N	O	0938-0266	01/90
HCFA-381 (SH)	IDENTIFICATION OF EXTENSION UNITS	09/83	HSQB	SA	SPO	N	O	0938-0273	05/88

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HCFA-382 (U4)	ESRD BENEFICIARY SELECTION	07/85	BERC	PA	HSS	N	O	0938-0372	09/87
HCFA-383 (SH)	HOSPITAL INSURANCE CASE SUMMARY	12/82	BPO	HQ	HSS	N	N		
HCFA-384 (SH)	PSRO CASE SUMMARY	06/88	HSQB	PA PR	HSS	N	N		
HCFA-385 (SH)	TRAINING EVALUATION	02/83	OBA	HQ	SPO	N	N		
HCFA-L389 (SH)	ADJUSTMENT ACTION REQUEST	03/81	OBA	OR		N	V		
HCFA-391 (U3)	BENEFICIARY CORRESPONDENCE CONTROL SHEET	04/85	OBA	OR	SPO	N	N		
HCFA-392 (CD)	PROJECT STATUS RECORD	02/83	ORD	OR	SPO	N	N		
HCFA-394 (SH)	TYPING INSTRUCTIONS	02/83	OBA	HQ	SPO	N	N		
HCFA-395 (CD)	FOIA CASE CARD	03/83	OPA	OR	SPO	N	N		
HCFA-400 (U6)	PRINTING SERVICES REQUISITION	10/80	OBA	HQ	SPO	N	N		
HCFA-402 (U2)	REQUEST FOR HCFA MOVERS SERVICES	11/88	OBA	HQ	HSS	N	N		
HCFA-404 (SH)	HCFA CONFERENCE PLAN	06/89	OBA	HQ	SPO	N	N		
HCFA-405 (SH)	RQST FOR RPLCMT OF UTILIZATION NOTICE/HI CARD	08/85	OBA	OR	SPO	N	N		
HCFA-406 (SH)	PHYSICIANS AND SUPPLIERS OVERPAYMENTS RECOVER	05/83	BPO	OR	SPO	N	N		
HCFA-407 (SH)	HCFA CONFERENCE END-OF-YEAR REPORT	06/89	OBA	HQ	SPO	N	N		

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HCFA-410 (SH)	CONGRESSIONAL CONTACT REPORT	07/83	OLP	HQ	SPO	N	N		
HCFA-411 (SH)	MEDICARE PROVIDER OVERPAYMENT CAUSE REPORT	09/83	BPO	AB	SPO	N	N		
HCFA-417 (UB)	HOSPICE REQUEST FOR CERTIFICATION IN MEDICARE	04/84	HSQB	SA	SPO	N	O	0938-0313	06/88
HCFA-418 (BK)	BOCMIS INPUT RECORD	02/85	BPO	OR	SPO	N	N		
HCFA-419 (SH)	PERFORMANCE APPRAISAL WORKPLAN SUMMARY	08/87	OBA	HQ		Y	Y		
HCFA-419-A (SH)	PERFORMANCE APPRAISAL WORKPLAN	08/83	OBA	HQ	SPO	N	N		
HCFA-419-B (SH)	PERFORMANCE APPRAISAL WORKSHEET	08/83	OBA	HQ	SPO	N	N		
HCFA-419-C (SH)	PROGRESS REVIEW CHART	08/83	OBA	HQ	SPO	N	N		
HCFA-420 (SH)	QUARTERLY EPSDT REPORT	10/83	BPO	SA	SPO	N	O	0938-0291	09/87
HCFA-421 (SH)	FORMS ACTION LOG	06/83	OBA	OR	SPO	N	N		
HCFA-422 (SH)	EVALUATION OF TRAINING PROGRAM	09/83	HSQB	RO	SPO	N	N		
HCFA-423 (SH)	SURVEYOR PARTICIPANT REACTION SHEET	09/83	HSQB	RO	SPO	N	N		
HCFA-424 (SH)	REQUEST FOR ADJUSTMENT OF SECONDARY PAYOR	11/83	OBA	OR	SPO	N	N		
HCFA-428 (SH)	REQ FOR SPECIAL BATCH NOTICES	02/84	OBA	OR	SPO	N	N		
HCFA-430 (SH)	SNF ROUTINE COST LIMITS REQUEST FOR ADJUSTMEN	03/84	BERC	PA	SPO	N	N		
HCFA-432 (UB)	ORDER FOR SUPPLIES OR SERVICES BENSON IMPRINT	12/85	OBA	OR	HSS	N	N		

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HCFA-432-A (UB)	ORDER FOR SUPPLIES OR SERVICES	07/88	OBA	HQ	SPO	N	N		
HCFA-432-B (UB)	ORDER FOR SUPPLIES OR SERVICES BLANK ADDRESS	12/85	OBA	OR	HSS	N	N		
HCFA-433 (UB)	ORDER FOR SUPPLIES OR SERVICES CONTINUATION	03/84	OBA	OR	HSS	N	N		
HCFA-434 (SH)	CERTIFICATION WORKLOAD REPORT FORM	03/84	HSQB	RO	SPO	N	N		
HCFA-435 (SH)	CERTIFICATION BUDGET EXPENDITURE REPORT FORM	03/84	HSQB	RO	SPO	N	N		
HCFA-436 (SH)	NON-MERIT PAY APPLICANT RATING SHEET	03/84	OBA	HQ	SPO	N	N		
HCFA-437 (BK)	PSYCHIATRIC UNIT CRITERIA WORKSHEET	01/85	HSQB	SA	HSS	N	O	0938-0358	04/88
HCFA-437-B (SH)	DRUG ALCOHOL HOSPITALS & DRUG ALCOHOL UNIT	01/85	HSQB	SA	HSS	N	O	0938-0358	04/88
HCFA-438 (SH)	DAILY TIME & ATTENDANCE ROSTER	04/84	OBA	HQ	SPO	Y	N		
HCFA-439 (U4)	REQUEST FOR GOVERNMENT BILL OF LADING	04/84	OBA	OR	SPO	N	N		
HCFA-440 (SH)	ENTREX HIPO MBR BCM DATA ENTRY REQUEST	03/84	OBA	OR	SPO	N	N		
HHS 441 (SH)	ASSURANCE OF COMPLIANCE	12/82	HHS	SA	HHS	N	N		
HHS 441-A (SH)	EXPLANATION OF HHS-441 (INSTRUCTIONS)	03/81	HHS	SA	HHS	N	N		
HCFA-442 (SH)	GENERAL OBLIGATION LEDGER	04/84	OBA	OR	SPO	N	N		
HCFA-449 (BK)	HOSPICE SURVEY REPORT	11/84	HSQB	SA	HSS	N	O	0938-0379	09/87
HCFA-450 (SH)	CORRESPONDENCE ASSIGNMENT SHEET	05/84	OBA	OR	SPO	N	N		

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HCFA-452 (BK)	AMBULATORY SURGICAL CENTER PAYMENT RATE SURVE	12/85	BERC	OR	SPO	N	O	0938-0434	09/88
HCFA-453 (SH)	HHA COST LIMITS REQUEST FOR SHORT PERIOD	08/84	BERC	PA	SPO	N	N		
HCFA-456 (SH)	INTERMEDIARY BENEFIT PAYMENT REPORT	05/85	BPO	PA	HSS	N	O	0938-0371	08/90
HCFA-L457 (SH)	ACKNOWLEDGEMENT OF REQUEST FOR SMI TERMINATIO	08/86	BPO	SS		N	Y		
HCFA-L457 (SH)	ACKNOWLEDGEMENT OF REQUEST FOR SMI TERMINATIO	08/88	BPO	SS		N	Y		
HCFA-L457-FC (SH)	MEDICARE INFORMATION	06/86	BPO	SS	SSS	N	N		
HCFA-L458 (SH)	ACKNOWLEDGEMENT OF REQ FOR HI TERMINATION	03/82	BPO	SS		N	Y		
HCFA-462 (U2)	ADVERSE ACTION EXTRACT	12/88	HSQB	SA RO	HSS	N	N		
HCFA-464 (BK)	MEDICAID STATE AGENCY THIRD PARTY LIABILITY I	12/86	BQC	OR	SPO	N	O	0938-0414	09/89
HCFA-472 (SH)	STATEMENT OF CUMULATIVE EXPEN FOR DEMO PROJEC	07/85	ORD	OR	SPO	N	O	0938-0402	04/88
HCFA-473 (CD)	METER READING CARD	12/84	OBA	HQ	SPO	N	N		
HCFA-475 (SH)	SURVEY OF PRIVATE HEALTH INSURANCE	12/84	OACT	OR	SPO	N	O	0938-0389	10/88
HCFA-L476 (SH)	FOLLOWUP LTR TO SURVEY OF PRIVATE HEALTH PLAN	12/84	OACT	OR		N	Y		
HCFA-478 (SH)	REQ FOR CHANGE TO SCHEDULE OF ALLOCATED POSIT	06/84	OBA	OR	SPO	N	N		
HCFA-479 (U3)	REQUEST FOR CARD KEY	09/87	OBA	HQ		N	N		

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HCFA-480 (U2)	PROCEDURE FOR USE OF CARD KEY ACCESS SYSTEM	09/87	OBA	HQ		N	N		
HCFA-483 (L8)	HI MAGNETIC TAPE LABEL UNIBILL	03/85	BPO	PA	HSS	N	N		
HCFA-484 (SH)	ATTENDING PHYSICIAN'S CERTIFICATION/HOME OXYG	01/89	BPO	PB	HSS	Y	O	0938-0534	
HCFA-485 (C4)	HOME HEALTH CERTIFICATION & PLAN OF TREATMENT	04/87	HSQB	PA		N	O	0938-0357	04/90
HCFA-485 (U4)	HOME HEALTH CERTIFICATION & PLAN OF TREATMENT	04/87	HSQB	PA		N	O	0938-0357	04/90
HCFA-486 (C3)	MEDICAL UPDATE & PATIENT INFORMATION	04/87	HSQB	PA		N	O	0938-0357	04/90
HCFA-486 (U3)	MEDICAL UPDATE & PATIENT INFORMATION	04/87	HSQB	PA		N	O	0938-0357	04/90
HCFA-487 (C4)	PLAN OF TREATMENT MEDICAL UPDATE & PATIENT	04/87	HSQB	PA		N	O	0938-0357	04/90
HCFA-487 (U4)	PLAN OF TREATMENT MEDICAL UPDATE & PATIENT	04/87	HSQB	PA		N	O	0938-0357	04/90
HCFA-488 (U2)	HHA INTERMEDIARY MEDICAL INFORMATION REQUEST	04/87	HSQB	PA		N	O	0938-0357	04/90
HCFA-488 (C4)	HHA INTERMEDIARY MEDICAL INFORMATION REQUEST	04/87	BPO	PA	HSS	Y	O	0938-0357	04/90
HCFA-499 (SH)	HCFA PERFORMANCE APPRAISAL SUMMARY DATA	08/85	OBA	HQ	SPO	Y	N		
HCFA-499-A (SH)	DPT EPMS: HCFA PERFORMANCE APPRAISAL DATA	09/88	OBA	HQ		N	N		
HCFA-499-B (SH)	HCFA EPMS PERFORMANCE PLAN, PROGRESS REVIEW/R	09/88	OBA	HQ	SPO	N	N		
HCFA-502 (SH)	HCFA WAIVER COST ESTIMATES	07/85	ORD	OR	SPO	N	N		
HCFA-507 (U4)	COMMUNICATION MANAGEMENT SYSTEM DATA INPUT RE	08/86	BDMS	HQ	HSS	N	N		

HEALTH CARE FINANCING ADMINISTRATION
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ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HHS 508 (SH)	CONFERENCE AND CALL RECORD	03/81	HHS	HQ	HHS	N	N		
HCFA-519 (BK)	MEDICARE/MEDICAID SNF/ICF SURVEY REPORT PT/B	07/88	HSQB	SA	HSS	N	O		
HCFA-520 (SH)	RESIDENTS SELECTED FOR INDEPTH REVIEW	02/86	HSQB	SA	HSS	N	O	0938-0400	11/87
HCFA-521 (SH)	TOUR NOTES WORKSHEET	07/88	HSQB	SA	HSS	N	O		
HCFA-522 (SH)	DRUG PASS WORKSHEET	02/86	HSQB	SA	HSS	N	O	0938-0400	11/87
HCFA-523 (SH)	DINING AREA & EATING ASSISTANCE WORKSHEET	02/86	HSQB	SA	HSS	N	O	0938-0400	11/87
HCFA-524 (SH)	OBSERVATION/INTERVIEW RECORD REVIEW WORKSHEET	02/86	HSQB	SA	HSS	N	O	0938-0400	11/87
HCFA-524 (SH)	OBSERVATION/INTERVIEW RECORD REVIEW WORKSHEET	07/88	HSQB	SA	HSS	N	O		
HCFA-525 (BK)	MEDICARE/MEDICAID SNF/ICF SURVEY REPORT PT/A	07/88	HSQB	SA	HSS	N	O		
HCFA-530 (SH)	MBCCS FINDER PRINTOUT REQUEST	10/85	OBA	OR	HSS	N	N		
HCFA-532 (CD)	SIGNATURE CARD FOR DEPARTMENT SEAL	11/85	OBA	OR	SPO	N	N		
HCFA-533 (SH)	CONTRACTOR INVENTORY OF MEDICARE FORMS	11/85	OBA	PA	SPO	N	N		
HCFA-534 (SH)	FEDERAL SURVEY DATA EXTRACT SHEET	12/86	HSQB	RO	HSS	N	N		
HCFA-535 (SH)	LABEL REQUEST	02/86	OBA	OR	SPO	N	N		
HCFA-537 (SH)	BILL REVIEW DOCUMENTATION SUMMARY	06/88	BQC	PA		N	N		
HCFA-538 (SH)	SURVEYOR CHARACTERISTICS AND TRAINING QUESTIO	10/87	HSQB	SA		N	N		

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HCFA-539 (SH)	PROPERTY MANAGEMENT RECORD	02/86	OBA	OR	SPO	N	N		
HCFA-542 (U2)	VISITOR PARKING PERMITS	09/84	OBA	HQ	SPO	N	Y		
HCFA-556 (PC)	ESRD SYSTEMS BRANCH POSTCARD	10/86	BOMS	OR	SPO	N	N		
HCFA-559 (U2)	PROVIDER TIE-IN NOTICE	11/86	OBA	HQ RO	SPO	N	N		
HCFA-560 (U2)	PRINTING ACTIVITY CHECK-LIST	04/88	OBA	HQ	SPO	N	N		
HCFA-561 (SH)	ROUTINE BUILDING INSPECTION REPORT	12/86	OBA	HQ	SPO	N	N		
HCFA-562 (U4)	MEDICARE/MEDICAID COMPLAINT FORM	06/89	HSQB	RO HQ		N	N		
HCFA-563 (LB)	MAILING LABELS	01/87	OPHC	HQ	SPO	N	N		
HCFA-L564 (SH)	MEDICARE INFORMATION, SPECIAL ENROLLMENT PERI	04/88	BPO	SS	LOC	Y	O	0938-0214	04/89
HCFA-565 (SH)	MEDICARE QUALIFICATION STATEMENT FOR FED EMPL	04/87	BPO	SS	LOC	Y	O	0938-0501	04/89
HCFA-566 (SH)	HMO/ COMPETITIVE MEDICAL PLAN (CMP) DISENROLL	01/88	OPHC	SS		Y	O		
HCFA-576 (U3)	APPLICATION FOR ORGAN PROCUREMENT	08/87	HSQB	RO	HSS	Y	O	0938-0512	
HCFA-576-A (SH)	AGREEMENT NOTICE FOR HCFA-576	08/87	HSQB	RO	HSS	Y	O		
HCFA-586 (SH)	APPLICATION KIT REQUEST FORM	07/87	ORD	HQ	SPO	N	N		
HCFA-597 (SH)	ALJ HEARING FACT SHEET PART 2, CLAIM DENIAL	10/87	OBA	PB	LOC	N	N		

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FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-598 (SH)	ALJ HEARING REQUEST LOG	10/87	OBA	PB	LOC	N	N		
HCFA-599 (SH)	EXAMPLE ALJ HEARING EXIBIT LIST	10/87	OBA	PB	LOC	N	N		
HCFA-600 (SH)	REASONABLE CHARGE RECORD	10/87	OBA	PB	LOC	N	N		
HCFA-601 (SH)	PROFESSIONAL QUALIFICATIONS	10/87	OBA	PB	LOC	N	N		
HCFA-618 (BK)	PRO BUDGET AND COST REPORT SUMMARY	08/88	HSQB	HQ	SPO	N	N		
HCFA-620 (SH)	REQUEST FOR ADJUSTMENT OF CATASTROPHIC UTILIZ	01/89	BDMS	HQ	SPO	N	N		
HCFA-621 (SH)	REQUEST FOR ADJUSTMENT OF CATASTROPHIC UTILIZ	01/89	BDMS	HQ	SPO	N	N		
HHS 632 (SH)	FREEDOM OF INFORMATION REQUEST	07/87	OPA	PA PB RO	HSS	N	N		
HCFA-633 (U4)	INVOICE OF FEES FOR FOIA SERVICES	01/88	OPA	OR PA PB		N	N		
HCFA-636 (U2)	TRANSMITTAL NOTICE HEARING CASE	06/88	HSQB	PA PR	HSS	N	N		
HCFA-636-A (U3)	TRANSMITTAL NOTICE HEARING CASE	12/82	BPO	OR		N	Y		
HCFA-L666 (SH)	MEDICARE BENEFIT INFORMATION	07/83	BPO	SS		N	Y		
HCFA-L666-SP (SH)	INFORMACION DE BENEFICIOS	08/75	BPO	SS		N	Y		
HCFA-898 (SH)	STATE LISTING BY REGION	05/79	ORD	OR	SPO	N	N		

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FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-898-F (SH)	TITLE XIX QUARTERLY COMPLIANCE REPORT	03/84	BPO	RO	SPO	N	N		
HCFA-L913 (SH)	INABILITY TO PROCESS ACCRETION	04/81	OBA	OR		N	N		
HCFA-L1001 (SH)	NOTIFICATION OF INTERNAL ADJUSTMENTS	11/80	OBA	OR		N	Y		
HCFA-1007 (BK)	WKSHT TAC TARGET AMOUNT COMPUTATION	07/85	BERC	PA	LOC	N	N		
HCFA-1042 (SH)	REQ FOR DISTRIBUTION OF MANUALS, FORMS & PUBL	05/87	OBA	HQ RO	SPO	N	N		
HCFA-1066 (SH)	INTERMEDIARY CONTROL OF ADMINISTRATIVE FUNDS	08/80	BPO	OR	SPO	N	N		
HCFA-1099-MISC (C3)	MISCELLANEOUS INCOME	10/88	OBA	HQ	SPO	N	N		
HCFA-1118 (SH)	TASK LIST FOR WORK DISTRIBUTION	05/80	OBA	OR	SPO	N	N		
HCFA-1119 (SH)	ACTIVITY LIST FOR WORK DISTRIBUTION	05/80	OBA	OR	SPO	N	N		
HCFA-1120 (SH)	CORRESPONDENCE DEVELOPMENT RECORD	03/86	BERC	OR		N	N		
HCFA-1215 (CD)	COST REPORT CONTROL	06/79	OBA	OR	SPO	N	N		
HCFA-1269 (SH)	PT B OVERPAYMENT IDENTIFICATION AND CONTROL	09/80	BPO	OR	SPO	N	N		
HCFA-1313 (CD)	HIMEXC HIMBEX TAB CARD	07/85	BDMS	OR	SPO	N	N		
HCFA-1325 (SH)	CHECK DEPOSIT VOUCHER THIRD PARTY MEDICARE	06/79	OBA	OR	SPO	N	N		
HCFA-1349 (SH)	REQUEST FOR REFERENCE TO HI RECORDS	11/79	OBA	OR	SPO	N	N		

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ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1363 (SH)	REQUEST FOR ADJUSTMENT OF HI UTILIZATION	01/80	OBA	OR	SPO	N	N		
HCFA-1364 (SH)	REQUEST FOR ADJUSTMENT OF HI ENTITLEMENT	05/84	OBA	OR		N	N		
HCFA-1450-UB-82 (C5)	UNIFORM BILLING FORM 82	06/82	BPO	PA	LOC	N	O	0938-0505	06/90
HCFA-1450-UB-82 (U5)	UNIFORM BILLING FORM 82	06/82	BPO	PA	LOC	N	O	0938-0505	06/90
HCFA-1465 (SH)	STATE SURVEY AGENCY BUDGET REQUEST	08/76	HSQB	SA	LOC	N	Y		
HCFA-1465-A (SH)	STATE AGENCY BUDGET LIST OF POSITIONS	06/71	HSQB	SA	LOC	N	N		
HCFA-1467 (SH)	STATE SURVEY AGENCY BUDGET NOTICE OF APPROVAL	08/76	HSQB	SA	LOC	N	Y		
HCFA-1469 (SH)	FINANCIAL ACCOUNTABILITY STATEMENT	01/68	HSQB	SA	LOC	N	Y		
HCFA-1469-A (SH)	STATE SURVEY QUARTERLY EXPENDITURE REPORT	08/76	HSQB	SA	LOC	N	Y		
HCFA-1480-A (C5)	UB-82 FOR ALCOHOLISM SERVICES COVERAGE DEMO	06/82	OBA	OR	SA	N	O	0938-0259	04/86
HCFA-1480-A (U5)	UB-82 ALCOHOLISM SERVICES COVERAGE DEMO	06/82	OBA	OR	SPO	N	O	0938-0259	04/86
HCFA-1480-B (BK)	ALCOHOLISM SERVICES DEMONSTRATION	04/83	ORD	SA	SPO	N	O	0938-0271	12/86
HCFA-1486 (U3)	CHRISTIAN SCIENCE PT/A ADMISSIONS & BILLING	01/80	BPO	PA	SPO	N	O	0938-0015	02/88
HCFA-1490-S (SH)	PATIENT'S REQUEST FOR MEDICARE PAYMENT	02/87	BPO	PB SS	HSS SSS	Y	O	0938-0008	11/87
HCFA-1490-S SC (SH)	PATIENT'S REQUEST FOR MEDICARE PAYMENT	02/87	BPO	PB SS		Y	O	0938-0008	11/87

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ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1490-S SP (SH)	PETICION DEL PACIENTE PARA PAGOS DE MEDICARE	02/87	BPO	SS	SSS	Y	Y	0938-0008	
HCFA-1490-U (C2)	REQUEST FOR MEDICARE PAYMENT	10/81	BPO	PB	HHS	N	O	0938-0008	11/87
HCFA-1490-U (U2)	REQUEST FOR MEDICARE PAYMENT BY ORGANIZATIONS	10/81	BPO	PB	HSS	N	O	0938-0008	11/87
HCFA-1490-U (SH)	REQUEST FOR MEDICARE PAYMENT	10/81	BPO	PB	HSS	N	O	0938-0008	11/87
HCFA-1491-SC (U2)	REQUEST FOR MEDICARE PAYMENT, AMRULANCE	01/89	BPO	PB		Y	O		
HCFA-1491-SC (C2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	01/89	BPO	PB		Y	O		
HCFA-1491-SC (SH)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	01/89	BPO	PB		N	O		
HCFA-1500 (C2)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	O	0938-0008	11/87
HCFA-1500 (C1)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	O	0938-0008	11/87
HCFA-1500 (U2)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	O	0938-0008	11/87
HCFA-1500 (SH)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	O	0938-0008	11/87
HCFA-1500-PR (U2)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	O	0938-0008	11/87
HCFA-1500-SC (U2)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	O	0938-0008	11/87
HCFA-1500-SC (SH)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	O	0938-0008	11/87
HCFA-1500-SC (C2)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	O	0938-0008	11/87
HCFA-1506 (SH)	PART B SCOUT SHEET	07/80	OBA	HQ	SPO	N	N		

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FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1514 (U5)	HOSPITAL REQUEST TO ESTABLISH ELIGIBILITY	04/86	HSQB	SA	HSS	N	O	0938-0380	07/89
HCFA-1515 (U5)	HHA RQST TO ESTABLISH ELIGIBILITY	10/80	HSQB	SA	HSS	N	O	0938-0355	06/89
HCFA-1516 (U5)	LONG TERM CARE FACILITY REQUEST FOR CERTIFICA	02/86	HSQB	SA	HSS	N	O	0938-0478	05/89
HCFA-1526 (SH)	NOTICE OF BUDGET APPROVAL	09/79	BPO	HQ	SPO	N	Y		
HCFA-1537 (BK)	HOSPITAL SURVEY REPORT	04/86	HSQB	SA	HSS	N	O	0938-0382	09/87
HCFA-1537-A (BK)	MEDICARE/MEDICAID PSYCHIATRIC HOSPITAL SURVEY	04/86	HSQB	SA	HSS	N	O	0938-0382	09/87
HCFA-1537-B (BK)	TUBERCULOSIS HOSPITAL SURVEY REPORT	12/75	HSQB	SA	SPO	N	O	0938-0378	11/87
HCFA-1537-C (BK)	HOSPITAL PROVIDER OF LTC (SWING-BED) REPORT	04/86	HSQB	SA	HSS	N	O	0938-0485	11/87
HCFA-1539 (U5)	MEDICARE MEDICAID CERTIFICATION & TRANSMITTAL	07/84	HSQB	SA	HSS	N	Y		
HCFA-1539-A (U2)	CERTIFICATION AND TRANSMITTAL SPELL OF ILLNES	06/83	HSQB	SA	SPO	N	Y		
HCFA-1540 (U2)	MEDICARE ESRD CERTIFICATION TRANSMITTAL	03/80	HSQB	SA	HSS	N	N		
HCFA-1557 (BK)	CLINICAL LAB SURVEY REPORT	01/78	HSQB	SA	HSS	N	O	0938-0032	03/87
HCFA-1561 (SH)	HEALTH INSURANCE BENEFIT AGREEMENT	08/86	HSQB	SA	HSS	N	Y		
HCFA-1563 (SH)	MONTHLY PT/A RPT ON MEDICARE SECONDARY PAYER	08/86	BPO	PA	HSS	N	N		
HCFA-1564 (SH)	MONTHLY PT/B RPT ON MEDICARE SECONDARY PAYER	11/86	BPO	PB	HSS	N	N		
HCFA-1565 (SH)	MEDICARE PROGRAM CARRIER PERFORMANCE REPORT	08/86	BPO	PB	AUT	N	O	0938-0399	01/88

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ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1565-A (SH)	MEDICARE PROGRAM QUARTERLY SUPPLEMENT REPORT	11/82	BPO	PB	AUT	N	Y		
HCFA-1565-C (SH)	QUARTERLY SUPPLEMENT TO CARRIER PERFORMANCE	02/85	BPO	PB	AUT	N	Y		
HCFA-1566 (SH)	INTERMEDIARY WORKLOAD REPORT	08/85	BPO	PA	AUT	N	N		
HCFA-1566-A (SH)	QUARTERLY SUPPLEMENT TO INTERMEDIARY WORKLOAD	11/82	BPO	PA	AUT	N	N		
HCFA-1569 (BK)	SNF SURVEY REPORT	11/76	HSQB	SA	HSS	N	O	0938-0404	03/86
HCFA-1572 (BK)	HHA SURVEY REPORT	03/78	HSQB	SA	HSS	N	O	0938-0355	06/89
HCFA-L1573 (U3)	MEDICAL INSURANCE PREMIUMS RECEIVED & DEPOSIT	03/81	OBA	OR		N	N		
HCFA-1580 (SH)	AMENDMENT OF CONTRACT	07/86	BPO	OR		N	N		
HCFA-1585-1585/A (C1)	NOTICE OF MEDICAL INSURANCE ENROLLMENT (DIO)	10/85	BPO	SS	LOC	N	N		
HCFA-1585-1585A (C1)	NOTICE OF MEDICAL INSURANCE ENROLLMENT(ODO)	10/85	BPO	SS	LOC	N	Y		
HCFA-1589-1589 A (C1)	MEDICAL INSURANCE TERMINATION RECORD (DIO)	01/86	BPO	SS	LOC	N	N		
HCFA-1589-1589/A (C1)	MEDICAL INSURANCE TERMINATION RECORD (ODO)	01/86	BPO	SS	LOC	N	N		
HCFA-1590-TR (SH)	ADVANCE NOTICE OF RECOUPMENT OF BACK SMI PREM	02/86	BPO	SS	SSA	N	Y		
HCFA-1591-TR (SH)	NOTICE OF RECOUPMENT	02/86	BPO	SS	SSA	N	Y		
HCFA-1592 (SH)	SMI PREMIUM ACCOUNTING CARD	07/86	BPO	PC	SSS	N	N		
HCFA-1593 (SH)	HCFA AIS CLEARANCE REQUEST	02/80	OBA	OR	SPO	N	N		

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FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1600 (U3)	REQUEST FOR CLAIM NUMBER	06/80	BPO	SS	HSS	N	O	0938-0089	06/89
HCFA-1604 (C4)	SUMMARY ACCOUNTING STATEMENT	12/85	BDMS	HQ	SPO	N	Y		
HCFA-1605 (SH)	MBR BCM PRINTOUT REQUEST	01/80	OBA	OR	SPO	N	N		
HCFA-1606 (SH)	PAYMENT RECORD TRANSMITTAL	11/81	OBA	HQ	HSS	N	N		
HCFA-1607 (SH)	HEALTH INSURANCE PRINTOUT LOCATOR CARDS	08/81	OBA	OR	HSS	N	N		
HCFA-L1614-TR (SH)	MEDICARE NOTICE	07/78	BPO	OR		N	Y		
HCFA-1622 (C1)	NOTICE OF DECISION ON PT/B MEDICARE CLAIM	06/83	ORD	OR	HSS	N	Y		
HCFA-L1626 (C1)	MEDICARE NOTICE	02/81	BPO	OR		N	Y		
HCFA-L1636-TR (C1)	MEDICARE NOTICE	03/82	BPO	OR		N	Y		
HCFA-1660 (SH)	RQST FOR INFO MED PAYMT FOR PATIENT NOW DECEA	08/81	BERC	AB	HSS	N	O		
HCFA-1664 (SH)	RQST FOR NAME & SEX CORRECTION OF HI RECORD	07/84	OBA	OR	SPO	N	N		
HCFA-1666 (SH)	R/O RQST FOR ADDITIONAL INFORMATION	04/80	HSQB	OR	HSS	N	N		
HCFA-1667 (CD)	NOTICE OF REFUND OF INSURANCE PREMIUM	09/69	BPO	SS	SPO	N	Y		
HCFA-1686 (SH)	REFERENCE MATERIAL REQUESTS	09/80	OBA	OR	SPO	N	N		
HCFA-1696 (U4)	APPOINTMENT OF REPRESENTATIVE	10/84	BPO	SS	HSS	N	N		
HCFA-1703 (SH)	IMAGER CODING FORMAT	04/81	ORD	OR	SPO	N	N		

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HCFA-1705 (SH)	ADJUSTMENT FORM FOR INPATIENT HOSPITAL & SNF	11/83	OBA	OR	SPO	N	N		
HCFA-1706 (SH)	ADJUSTMENT FORM FOR CHRISTIAN SCIENCE BILLS	07/80	OBA	OR	SPO	N	N		
HCFA-1707 (SH)	ADJUSTMENT FORM FOR HOME HEALTH BILLS	07/80	OBA	OR	SPO	N	N		
HCFA-1723 (SH)	FLOW PROCESS CHART	05/80	OBA	OR	SPO	N	N		
HCFA-1724 (SH)	WORK DISTRIBUTION CHART	05/80	OBA	OR	SPO	N	N		
HCFA-1725 (SH)	MEDICARE PROBLEM REFERRAL	05/84	OBA	SS	SPO	N	N		
HCFA-1727 (SH)	INSTRUCTIONS FOR HANDLING CORRESPONDENCE	02/86	BERC	HQ		N	N		
HCFA-1728-86 (SH)	HOME HEALTH AGENCY COST REPORT	06/86	BERC	PA	HSS	N	O	0938-0022	05/88
HCFA-1728-86 SUP (SH)	HHA SUPPLEMENTAL WORKSHEET	06/86	BERC	PA	HSS	N	O	0938-0022	05/87
HCFA-1728-86-F3 (SE)	HHA COST REPORT EQUITY CAPITAL WORKSHEET	06/86	BERC	PA	HSS	N	O	0938-0022	05/87
HCFA-1730 (BK)	APPORTIONMENT OF MALPRACTICE INSURANCE COST	04/89	BERC	PA	LOC	N	N		
HCFA-1739 (TC)	RQST INFO ABOUT MED INS FOR FOREIGN BENEFICIA	04/81	BDMS	OR	SPO	N	N		
HCFA-1760 (SH)	HCFA MAILING LIST ACCRETION	03/85	OBA	OR	SPO	N	N		
HCFA-1761 (SH)	TRANSMITTAL FOR FORWARDING HI BILLS	05/84	OBA	OR	SPO	N	Y		
HCFA-1763 (SH)	RQST FOR TERMINATION OF PREMIUM HI/SMI	03/82	BPO	SS	HSS	N	O	0938-0025	08/88
HCFA-1767 (SH)	RQST FOR DO. ASSIST STATE BUY-IN VERIFICATION	02/81	OBA	OR	SPO	N	N		

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FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1771 (SH)	PHYSICIAN STMT & DOCUMENTATION OF EMERGENCY	09/77	BPO	RO	HSS	N	O	0938-0023	08/88
HCFA-1777 (SH)	REQUEST FOR REPLACEMENT OF HCFA-1778	12/79	OBA	OR	SPO	N	N		
HCFA-1778 (TC)	HIMEXC PSC REQUEST	01/82	BDMS	OR	HSS	N	N		
HCFA-1793 (SH)	CHECKLIST OF AIS TRANSMITTALS	08/80	OBA	OR	SPO	N	N		
HCFA-1794 (SH)	CHECKLIST OF HANDBOOK TRANSMITTALS	03/78	OBA	OR	SPO	N	N		
HCFA-1807 (BK)	ANNUAL SURVEY INDEPENDENT HEALTH PLANS	04/82	ORD	PA	SPO	N	O	0938-0249	11/88
HCFA-1819 (SH)	REQUEST FOR THIRD PARTY BILLING	02/80	OBA	HQ	SPO	N	N		
HCFA-1820 (SH)	REQUEST FOR ADJUSTMENT OF TP MASTER	08/81	OBA	OR	HSS	N	N		
HCFA-1822 (SH)	QUARTERLY PROVIDER AUDIT ACTIVITY REPORT	11/85	BPO	PA	AUT	N	Y		
HCFA-1822-Y (SH)	ANNUAL SUPPL TO PROVIDER AUDIT ACTIVITY REPOR	04/85	BPO	PA	HSS	N	Y		
HCFA-1841 (SH)	CERTIFICATION OF TRUE COPY	02/80	BPO	OR	SPO	N	N		
HCFA-1841-A (SH)	CERTIFICATION OF TRUE COPY	02/80	BPO	OR	SPO	N	N		
HCFA-1856 (US)	RQST TO ESTABLISH ELIGIBILITY IN HI PROGRAM	10/80	HSQB	SA	HSS	N	O	0938-0065	06/89
HCFA-1858 (SH)	DISPOSITION NOTICE THIRD PARTY CASE	02/80	OBA	OR	SPO	N	N		
HCFA-1880 (U4)	RQST FOR CERTIFICATION AS SUPPLIER OF SERVICE	10/80	HSQB	SA	HSS	N	O	0938-0027	07/89
HCFA-1882 (BK)	PORTABLE XRAY SURVEY REPORT	12/75	HSQB	SA	HSS	N	O	0938-0027	07/89

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HCFA-1883 (SH)	REQUEST FOR TP HISTORY INSERTION	06/80	OBA	HQ	HSS	N	N		
HCFA-1884 (SH)	CORRESPONDENCE SCOUTING REQUEST	08/81	OBA	OR	SPO	N	N		
HCFA-1885-A (SH)	PROVIDER CHAIN OPERATOR DATA	10/81	BPO	PA	LOC	N	Y		
HCFA-1893 (BK)	OUTPATIENT PHYSICAL THERAPY SURVEY	03/78	HSQB	SA	HSS	N	O	0938-0065	06/89
HCFA-1899 (U2)	REQUEST FOR PSC THIRD PARTY ACTION	06/81	OBA	SS	HSS	N	N		
HCFA-L1907 (TR)	MEDICARE NOTICE	03/81	BPO	OR		N	Y		
HCFA-1929 (SH)	HEALTH PREPAYMENT CODING SHEET	01/78	BPO	OR	SPO	N	O	0938-0161	01/90
HCFA-1932 (SH)	REPORT OF UNCOLLECT PT/B OVERPAYMENT	09/80	BPO	OR	HSS	N	N		
HCFA-1937 (SH)	REQUEST FOR TELETYPE MESSAGE	03/83	BPO	HQ	SPO	N	N		
HCFA-1938 (U2)	SSO REQUEST FOR CARRIER OR INTERMEDIARY ASSIS	01/88	BPO	SS	SSS	N	N		
HCFA-1945 (SH)	HCFA CORRESPONDENCE CONTROL SHEET	03/83	OBA	HQ	SPO	N	N		
HCFA-1954 (C3)	NOTICE OF MEDICARE CLAIM DETERMINATION	08/77	BPO	PA	HSS	N	Y		
HCFA-1954 (U3)	NOTICE OF MEDICARE CLAIM DETERMINATION	08/77	BPO	PA	HSS	N	Y		
HCFA-1955 (C3)	NOTICE OF MEDICARE CLAIM DETERMINATION	08/77	BPO	PA	HSS	N	Y		
HCFA-1955 (U3)	NOTICE OF MEDICARE CLAIM DETERMINATION	08/78	BPO	PA	HSS	N	Y		
HCFA-1957 (U3)	SOCIAL SECURITY RPT OF STATE BUY-IN PROBLEM	11/80	BPO	SS	HSS	N	O	0938-0035	07/89

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HCFA-1960 (SH)	REQUEST FOR EVIDENCE OF MEDICAL NECESSITY	05/69	BPO	SS	SSS	N	Y		
HCFA-1961 (SH)	HCFA FORMS ORDER	12/82	OBA	OR	SPO	N	O	0938-0356	01/88
HCFA-1962 (U3)	ASSIGNMENT CONTROL AND EVALUATION RECORD	12/82	OBA	HQ	HSS	N	N		
HCFA-1963 (SH)	TASK ASSIGNMENT RECORD	05/80	ORD	OR	SPO	N	N		
HCFA-1964 (U2)	REQUEST FOR REVIEW OF PT/B MEDICARE CLAIM	08/85	BERC	PB	HSS	N	O	0938-0033	08/88
HCFA-1965 (U2)	REQUEST FOR HEARING OF PT/B MEDICARE CLAIMS	08/79	BERC	PB	HSS	N	O	0938-0034	06/90
HCFA-1966 (SM)	HEALTH INSURANCE CARD	07/88	BPO	SS	HSS	N	N		
HCFA-1966-PR (CD)	HEALTH INSURANCE CARD	03/83	BPO	SS	LOC	N	N		
HCFA-1978 (U4)	STOCK REPLENISHMENT NOTICE	06/82	OBA	OR	SPO	N	N		
HCFA-1979 (U6)	CORRESPONDENCE CONTROL RECORD	04/79	HSQB	OR	SPO	N	N		
HCFA-1980 (U3)	CARRIER OR INTERMEDIARY REQUEST FOR SSO ASSIS	03/78	BPO	PA	HSS	N	Y		
HCFA-1985 (SH)	REQUEST FOR ADJUSTMENT OF HOSPICE RECORD	11/83	OBA	OR	SPO	N	N		
HCFA-2007 (U5)	PROVIDER TIE IN NOTICE	03/82	BPO	HQ	HSS	N	Y		
HCFA-2021 (SH)	HCFA RECORD SPECIFICATION	09/80	OBA	OR	SPO	N	N		
HCFA-2022 (SH)	HCFA RECORD FORMAT	09/80	OBA	OR	SPO	N	N		
HCFA-2042 (CD)	ADMINISTRATIVE TIME & LEAVE RECORD	09/88	OBA	HQ		N	N		

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HCFA-2048 (U5)	HCFA GRIEVANCE FORM	05/84	OBA	HQ	SPO	N	Y		
HCFA-2082-SUP (BK)	STAT RPT ON MEDICAL CARE:ELIGIBLES, RECIPIENT	06/87	OACT	HQ	SPO	N	O	0938-0345	01/88
HCFA-2082-84 (BK)	STATISTICAL REPORT ON MEDICAL CARE	10/84	OACT	OR	SPO	N	O	0938-0345	01/88
HCFA-2109 (SH)	REQUEST FOR CLAIM NUMBER	07/80	OBA	OR	SPO	N	Y		
HCFA-2143 (U2)	FOLLOWUP TO MEDICARE PROVIDERS	06/73	OBA	OR	SPO	N	N		
HCFA-2174 (SH)	QUARTERLY REPORT OF CARRIER OVERPAYMENT	11/85	BPO	PB	AUT	N	Y		
HCFA-2176 (U2)	QUERY HISTORY REPORT	08/85	OBA	OR	SPO	N	N		
HCFA-2178 (U4)	HIB/SMIB PROBLEM REFERRAL	05/85	BPO	SS	HSS	N	N		
HCFA-2181-TR (SH)	NOTICE OF INTERMEDIARY HI BILL BATCH STATUS	02/81	OBA	HQ	SPO	N	Y		
HCFA-2208 (SH)	WAIVER OF LIABILITY STATUS	08/80	ODR	OR	SPO	N	N		
HCFA-2242 (SH)	CLAIMS WORKLOAD	09/77	BPO	OR	SPO	N	N		
HCFA-2318 (SH)	REVIEW CONTROL	10/88	OBA	OR		N	N		
HCFA-2327 (U2)	RQST FOR EVIDENCE FOR ASSISTANCE OVERPAYMENT	03/82	BPO	OR	SPO	N	Y		
HCFA-2373 (SH)	REPLY TO PAYMENT RECORD CORRESPONDENCE	07/80	OBA	OR	SPO	N	N		
HCFA-2382 (U2)	INTERMEDIARY TRANSMITTAL (OVERPAYMENT)	08/80	BPO	PA	HSS	N	N		
HCFA-2384 (U2)	THIRD PARTY PREMIUM BILLING REQUEST	03/87	BPO	SS		Y	O	0938-0041	06/90

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HCFA-2416 (SH)	THIRD PARTY CODE 42 DELEGATION RECORD	02/81	OBA	OR	SPO	N	N		
HCFA-2423 (SH)	THIRD PARTY PAYMENT AND ADJUSTMENT RECORD	01/83	OBA	OR	SPO	N	N		
HCFA-2467 (SH)	RQST FOR HIMBRSSR INFORMATION OR HI CARD	01/77	BPO	SS	SSS	N	N		
HCFA-2501 (U4)	RECONSIDERATION DETERMINATION	01/72	BPO	PA	HSS	N	Y		
HCFA-2540-86 SUP (BK)	SNF SUPPLEMENTAL WORKSHEET (QUESTIONNAIRE)	06/86	BERC	PA	HSS	N	O	0938-0463	04/89
HCFA-2540-86F (BK)	SNF/SNF HEALTH CARE COMPLEX COMPUTATION WORKS	06/86	BERC	PA	HSS	N	O	0938-0463	04/89
HCFA-2540-86H (BK)	SNF BASED HHA STATISTICAL DATA	06/86	BERC	PA	HSS	N	O	0938-0463	04/89
HCFA-2540-87 (BK)	SKILLED NURSING FACILITY & SNF HEALTH CARE CO	10/87	BERC	PA	HSS	N	N	0938-0463	04/89
HCFA-2540-87-SUP (BK)	SNF CERTIFICATION & OTHER DATA WITH INPUT SHE	07/87	BERC	PA	HSS	N	O		
HCFA-2552-81-A (SH)	COST REPORT FORM	11/81	BERC	AB	HSS	N	O	0938-0050	12/85
HCFA-2552-81-B (SH)	COST REPORT FORM	11/81	BERC	AB	HSS	N	O	0938-0050	12/85
HCFA-2552-81-C (SH)	COST REPORT FORM	11/81	BERC	AB	HSS	N	O	0938-0050	12/85
HCFA-2552-81-D (SH)	COST REPORT FORM	11/81	BERC	AB	HSS	N	O	0938-0050	12/85
HCFA-2552-81-E (SH)	COST REPORT FORM	11/81	BERC	AB	HSS	N	O	0938-0050	12/85
HCFA-2552-81-G (SH)	COST REPORT FORM	11/81	BERC	AB	HSS	N	O	0938-0050	12/85
HCFA-2552-81-H (SH)	COST REPORT FORM	11/81	BERC	PA	HSS	N	O	0938-0050	12/85

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HCFA-2552-81-K (SH)	COST REPORT FORM	11/81	BERC	AB	HSS	N	O	0938-0050	12/85
HCFA-2552-81-L (SH)	COST REPORT FORM	11/81	BERC	AB	HSS	N	O	0938-0050	12/85
HCFA-2552-83-E2 (SH)	CALCULATION OF REIMBURSEMENT	07/83	BERC	PA	SPO	N	O	0938-0050	12/85
HCFA-2552-84 (BK)	HOSPITAL COST REPORT	02/85	BERC	PA	HSS	N	O	0938-0050	12/85
HCFA-2552-84-F (BK)	EQUITY CAPITAL BALANCE SHEET COST REPORT	02/85	BERC	PA	HSS	N	O	0938-0050	12/85
HCFA-2552-84-H (BK)	HOSPITAL BASED HHA STATISTICAL DATA COST REPO	02/85	BERC	PA	HSS	N	O	0938-0050	12/85
HCFA-2552-85 (BK)	HOSPITAL /HOSPITAL HEALTH CARE COMPLEX COST R	02/89	BERC	PA	SPO	N	Y	0938-0050	
HCFA-2552-85 (BK)	HOSPITAL & HEALTH CARE COMPLEX COST REPORT	06/88	BERC	PA		N	O		
HCFA-2552-85-A-7 (BK)	SUPPLEMENT TO HCFA-2552-85 BASIC	12/85	BERC	PA	LOC	N	O	0938-0050	12/86
HCFA-2552-85-F (BK)	BALANCE SHEET FOR COMPUTATION FOR RETURN	12/85	BERC	PA	HSS	N	O	0938-0050	12/86
HCFA-2552-85-H (BK)	HOSPITAL BASED HHA STATISTICAL DATA	12/85	BERC	PA	HSS	N	O	0938-0050	12/86
HCFA-2554 (SH)	BUDGET DISTRIBUTION PLAN OF EXPENDITURE	09/79	BPO	OR	SPO	N	N		
HCFA-2567 (U6)	STATEMENT OF DEFICIENCIES & PLAN OF CORRECTIO	10/84	HSQB	SA	HSS	N	O	0938-0391	10/87
HCFA-2567-A (U6)	STATEMENT OF DEFICIENCIES (CONTINUATION)	11/80	HSQB	SA	HSS	N	O	0938-0391	10/87
HCFA-2567-B (U6)	POST-CERTIFICATION REVISIT REPORT	08/79	HSQB	SA	HSS	N	O	0938-0390	10/87
HCFA-2572 (SH)	STATEMENT OF FINANCIAL SOLVENCY	04/81	HSQB	RO	HSS	N	Y		

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HCFA-2580 (SH)	COST CLASSIFICATION REPORT	09/79	BPO	OR	SPO	N	N		
HCFA-2589 (LB)	HI MAGNETIC TAPE LABEL	08/79	BPO	PA	HSS	N	N		
HCFA-2590 (SH)	CARRIER APPEAL REPORT	06/84	BPO	PB	AUD	N	O	0938-0452	10/88
HCFA-2592 (U4)	MEMORANDUM RECEIPT	09/80	OBA	OR	SPO	N	N		
HCFA-2628 (SH)	FOREIGN HI CLAIM ACCESSIBILITY	01/80	BPO	AB	SPO	N	N		
HCFA-2642 (TC)	PAYMENT RECORD REJECT CARD	02/81	BDMS	HQ	HSS	N	Y		
HCFA-2649 (U2)	REQUEST FOR RECONSIDERATION PART/A	08/79	BPO	OR	HSS	N	O	0938-0045	08/88
HCFA-2653-2653A (C1)	HOSPITAL INSURANCE TERMINATION NOTICE	09/78	BPO	HQ	SPO	N	N		
HCFA-2654-2654A (C1)	HOSPITAL INSURANCE TERMINATION NOTICE	07/78	BPO	HQ	SPO	N	Y		
HCFA-2672 (SH)	AUTHORIZATION TO DISCLOSE AOA SURVEY	07/78	HSQB	OR	SPO	N	Y		
HCFA-2687 (C1)	NOTICE OF MEDICARE ENROLLMENT	10/78	BPO	SS	SPO	N	Y		
HCFA-2688-2688A (C1)	NOTICE/RECORD TERMINATION HIB	07/78	BPO	OR	SPO	N	Y		
HCFA-2690 (CD)	REQUEST FOR CANCELLATION OF SMI	03/78	BPO	SS	SSS	N	Y		
HCFA-2728 (U4)	CHRONIC RENAL DISEASE MEDICAL EVIDENCE	08/87	BPO	SS	SSS	N	N		
HCFA-2729 (U3)	LONG SUPPLY/INSUFFICIENT ACTIVITY REPORT	08/83	OBA	OR	SPO	N	N		
HCFA-2744 (BK)	ESRD FACILITY SURVEY	11/88	BDMS	OR	HSS	N	O	0938-0447	

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HCFA-2744-I (BK)	ESRD FACILITY SURVEY INSTRUCTIONS	11/88	BDMS	OR		N	Y		
HCFA-2745 (U4)	ESRD TRANSPLANT INFO/ESRD MEDICAL INFO SYSTEM	07/87	BDMS	HQ	HSS	Y	O	0938-0064	10/88
HCFA-2746 (U3)	ESRD DEATH NOTIFICATION	06/81	BDMS	OR	HSS	N	O	0938-0448	10/88
HCFA-2771 (SH)	STUFFER TO RETURN OR REPLACE LOST HI CARDS	07/80	OBA	OR	HSS	N	Y		
HCFA-2782 (U2)	REQUEST FOR ENTRY OF AN ITEM INTO SUPPLY SYST	12/84	OBA	OR	SPO	N	N		
HCFA-2786-A (BK)	FIRE SAFETY SURVEY REPORT 1967 CODE	08/82	HSQB	SA	HSS	N	O	0938-0242	10/87
HCFA-2786-B (BK)	FIRE SAFETY SURVEY REPORT 1973 CODE	08/82	HSQB	SA	HSS	N	O	0938-0242	10/87
HCFA-2786-C (BK)	FIRE SAFETY SURVEY REPORT (SHORT FORM)	08/82	HSQB	SA	HHS	N	O	0938-0242	10/87
HCFA-2786-D (BK)	FIRE/SMOKE ZONE EVALUATION WORKSHEET	06/82	HSQB	SA	HSS	N	O	0938-0242	10/87
HCFA-2786-F (BK)	FIRE SAFETY SURVEY REPORT 1981 CODE	12/85	HSQB	SA	HSS	N	O	0938-0242	10/87
HCFA-2786-G (BK)	FIRE SMOKE ZONE EVALUATION WORKSHEET 1981 COD	07/84	HSQB	SA	HSS	N	O	0938-0242	10/87
HCFA-2786-H (BK)	FIRE SAFETY SURVEY REPORT AMBULATORY SURGICAL	07/87	HSQB	RO		N	O		
HCFA-2786-J (BK)	FIRE SAFETY SURVEY REPORT ICF/MR- SMALL FACIL	06/86	HSQB	SA	HSS	N	N	0938-0242	10/87
HCFA-2786-K (BK)	FIRE SAFETY SURVEY RPT-ICF/MR LARGE FACILITIE	06/86	HSQB	SA	HSS	N	O	0938-0242	10/87
HCFA-2786-L (BK)	FIRE SAFETY SURVEY RPT-ICF/MR APARTMENT BLDGS	06/86	HSQB	SA	HSS	N	O	0938-0242	10/87
HCFA-2786-M (SH)	FIRE SAFETY RPT-ICF/MR RATING RESIDENTS	06/86	HSQB	SA	HSS	N	O	0938-0242	10/87

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HCFA-2799 (SH)	REVIEW DATE CARD LOADSHEET	09/80	BQC	OR	HSS	N	Y		
HCFA-2802 (SH)	REQUEST FOR VALIDATION OF ACCREDITATION	04/86	HSQB	RO	HSS	N	N		
HCFA-2803 (SH)	ANALYSIS DATE CARD LOADSHEET	11/77	BQC	OR	HSS	N	N		
HCFA-2815 (SH)	STATE SURVEY AGENCY BUDGET REQUEST	08/76	HSQB	SA	LOC	N	Y		
HCFA-2816 (U2)	DEPOSIT VOUCHER INDIVIDUAL PREMIUM PAYMENT	03/81	OBA	OR	SPO	N	N		
HCFA-2817 (C2)	CLAIMS ADJUDICATION QUALITY REVIEW	04/87	BQC	PB		N	Y		
HCFA-2817 (U2)	CLAIMS ADJUDICATION QUALITY REVIEW	09/85	BQC	PB	HSS	N	Y		
HCFA-2824 (SH)	STATE SURVEY AGENCY QUARTERLY REPORT	06/76	HSQB	SA	LOC	N	Y		
HCFA-2829 (SH)	MASTER TRANSMITTAL CONTROL RECORD	08/79	OBA	OR	SPO	N	N		
HCFA-2831 (SH)	FIELD CORRECTION BILL DELETION & RELEASE	07/78	ODR	OR	SPO	N	N		
HCFA-2878 (SH)	ALLEGATIONS CONCERNING ACCREDITED HOSPITAL	04/86	HSQB	OR		N	N		
HCFA-2891 (SH)	CRITICAL CASE REFERRAL	01/82	BPO	RO	SPO	N	N		
HCFA-2943 (SH)	REQUEST FOR CORRECTION OF HI MASTER RECORD	12/82	OBA	OR	SPO	N	N		
HCFA-3014 (SH)	REQUEST FOR CREATION OF HI MASTER RECORD	01/84	OBA	HQ	SPO	N	N		
HCFA-3015 (U2)	DMOS QUALITY REVIEW RECORD	09/88	OBA	HQ	SPO	N	N		
HCFA-3024 (SH)	WORK EXPERIENCE REPORT	03/83	OBA	OR	SPO	Y	N		

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HCFA-3043 (BK)	MONTHLY CONTRACTOR FINANCIAL REPORT	09/74	BPO	OR	SPO	N	N		
HCFA-3056 (SH)	MONTHLY PERIODIC INTERIM PAYMENT REPORT	04/79	BPO	AB	SPO	N	O	0938-0384	10/87
HCFA-3070-B (BK)	ICF FOR MENTALLY RETARDED	02/81	HSQB	SA	HSS	N	O	0938-0062	02/88
HCFA-3070-G (BK)	ICF/MR SURVEY REPORT FORM	10/88	HSQB	SA	HSS	N	O		
HCFA-3070-H (BK)	ICF/MR DEFICIENCIES REPORT	10/88	HSQB	SA	HSS	N	O		
HCFA-3070-I (SH)	CLIENT OBSERVATION WORKSHEET	10/88	HSQB	SA	HSS	N	O		
HCFA-3080 (U3)	PROVIDER OVERPAYMENT CAST TRANSMITTAL	02/80	BPO	OR	SPO	N	Y		
HCFA-3083 (BK)	LAB PERSONNEL QUALIFICATION APPRAISAL	01/85	HSQB	OR	HSS	N	O	0938-0049	11/87
HCFA-3150 (U5)	OFFICE OF ADMINISTRATIVE SYSTEMS REQUEST	04/80	OBA	OR	SPO	N	N		
HCFA-3150-A (SH)	ESTIMATED RESOURCE WORKSHEET	04/80	OBA	OR	SPO	N	N		
HCFA-3151 (U4)	OFFICE OF ADMINISTRATIVE SYSTEMS BUDGET WORKS	04/80	OBA	OR	SPO	N	N		
HCFA-3177 (CD)	CREDENTIAL CARD	03/82	BQC	OR	SPO	N	Y		
HCFA-3182 (BK)	UNIFORM DESK REVIEW PROGRAM	08/86	BERC	PA		N	Y		
HCFA-3274 (SH)	CORRECTION INPUT DATA	02/80	BPO	SS	LOC	N	N		
HCFA-3345 (SH)	TRANSMITTAL FOR INCOMPLETE SMI ENROLLMENT	02/82	BPO	OR	SSS	N	N		
HCFA-3361 (SH)	HEALTH PREPAYMENT PLAN TRANSMITTAL	10/83	BPO	OR	SPO	N	N		

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HCFA-3402 (U4)	REQUEST FOR APPROVAL AS A SUPPLIER OF SERVICE	02/86	HSQB	OR	HSS	N	O	0938-0055	07/89
HCFA-3427 (BK)	ESRD FACILITY SURVEY REPORT	10/88	HSQB	SA RO		N	O		
HCFA-3427-A (BK)	ESRD FACILITY SURVEY REPORT ADDENDUM	10/88	HSQB	SA RO	HSS	N	O		
HCFA-3444 (SH)	OPTIONAL DATE CARD LOADSHEET	11/77	BPO	OR	HSS	N	N		
HCFA-3470 (SH)	FIS DATA ENTRY CODING SHEET	11/86	OBA	OR		N	N		
HCFA-3509 (SH)	HEALTH INSURANCE APPEAL CASE FOLDER	06/88	HSQB	PA PR	HSS	N	N		
HCFA-3516 (SH)	HI/MBR INTERCHANGE	06/81	OBA	OR	SPO	N	N		
HCFA-3763 (SH)	BILL RETRIEVAL CANCEL ONLY	04/85	OBA	HQ	SPO	N	N		
HCFA-3779 (U3)	ELECTRONIC DATA PROCESSING	08/78	OBA	HQ	HSS	N	N		
HCFA-3851 (U3)	REQUEST FOR OPM ASSISTANCE MEDICARE PRE-BILL	06/81	OBA	OR	SPO	N	N		
HCFA-3892 (U3)	OUTLINE OF PROBLEM CASES	11/79	OBA	OR	SPO	N	N		
HCFA-3896 (SH)	CASE WORK SHEET	11/80	OBA	OR	SPO	N	N		
HCFA-4040 (SH)	REQUEST FOR ENROLLMENT IN SMI	05/87	BPO	SS		Y	O	0938-0245	05/90
HCFA-4040-SP (SH)	REQUEST FOR ENROLLMENT IN SMI	05/87	BPO	SS		Y	O		
HCFA-L4200 (SH)	MEDICARE NOTICE	11/81	BPO	OR		N	Y		

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HCFA-4563 (SH)	THIRD PARTY MASTER REINSTATEMENT	05/84	OBA	HQ	SPO	N	N		
HCFA-4641 (SH)	AUTHORIZATION TO OBTAIN PERSONAL INFORMATION	04/82	BQC	RO	HSS	N	N		
HA5011 (U6)	REQUEST FOR HEARING PT/A HI BENEFITS	06/86	BPO	PA	HSS	Y	Y	0938-0486	03/89
HA 5011-SP (U6)	REQUEST FOR HEARING - SPANISH	07/81	BPO	PA	SSS	Y	Y		
HCFA-5058 (CD)	CORRESPONDENCE ACKNOWLEDGEMENT	08/86	OBA	OR		N	Y		
HCFA-5082 (SH)	ACTIVITY HISTORY SHEET	06/81	OBA	OR	SPO	N	N		
HCFA-5082-A (SH)	HISTORY SHEET	06/81	OBA	OR	SPO	N	N		
TFS 5401 (U4)	PAYMENT VOUCHER ON LETTER OF CREDIT	06/81	BPO	HQ	HSS	N	N		
HCFA-6029 (U6)	RECEIVING REPORT	12/85	OBA	OR	SPO	N	N		
HCFA-8013 (SH)	HI MBR/SSR DATA OR HI CARD REQUEST	06/86	OBA	OR		N	N		
HCFA-8063 (SH)	INTERNAL TEMPORARY HI RECORD	06/81	BPO	OR	HSS	N	N		
HCFA-8330 (SH)	REQUEST FOR SSI JURISDICTION BUY-IN ACCRETION	09/79	OBA	OR	SPO	N	N		
HCFA-8331 (SH)	RQST FOR REPLACEMENT OF NOTICE OF UTILIZATION	04/81	OBA	OR	SPO	N	N		
HCFA-9735 (SH)	INTERMEDIARY WORKSHEET	04/80	OBA	OR	HSS	N	N		

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Forms Listed
by
Sponsoring Component

HEALTH CARE FINANCING ADMINISTRATION
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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-20 (U2)	X	PSRO DELEGATED PROVIDER ADMISSIONS SUMMARY	11/77	BDMS	11/77	83
HCFA-40 (C1)		MEDICARE CARD ENROLLMENT FORM	04/81	BDMS	07/83	
HCFA-40-D (TC)		APPLICATION FOR ENROLLMENT IN SMI	09/83	BDMS	09/83	
HCFA-40-F (TC)		APPLICATION FOR ENROLLMENT IN SMI	11/81	BDMS	11/83	
HCFA-233 (BK)	X	ADP PLANNING & INVENTORY SYSTEM	08/81	BDMS	06/81	83
HCFA-235 (BK)	X	NEW AND CHANGED RECORDS	12/80	BDMS	02/81	83
HCFA-236 (BK)	X	NEW SYSTEM	08/81	BDMS	07/81	83
HCFA-507 (U4)		COMMUNICATION MANAGEMENT SYSTEM DATA INPUT REPORT	06/86	BDMS	07/86	
HCFA-556 (PC)		ESRD SYSTEMS BRANCH POSTCARD	10/86	BDMS	10/86	
HCFA-620 (SH)		REQUEST FOR ADJUSTMENT OF CATASTROPHIC UTILIZATION	01/89	BDMS	01/89	
HCFA-621 (SH)		REQUEST FOR ADJUSTMENT OF CATASTROPHIC UTILIZATION	01/89	BDMS	01/89	
HCFA-1050 (SH)	X	TABLE OF INTEREST RATES	07/82	BDMS	04/82	83
HCFA-1051 (SH)	X	GENERIC TABLE FOR INPATIENT HOSPITAL ONLY	07/84	BDMS	06/84	86
HCFA-1052 (SH)	X	GENERIC TABLE FOR OTHER THAN INPATIENT HOSP	07/84	BDMS	06/84	86
HCFA-1313 (SH)	X	HIMEXC HIMBEX	02/73	BDMS	08/75	82
HCFA-1313 (CD)		HIMEXC HIMBEX TAB CARD	07/85	BDMS	/	

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-1533 (C1)		MEDICARE BENEFITS RECORD	09/83	BDMS	06/84	
HCFA-1533 (C1)	X	MEDICARE BENEFITS RECORD	09/85	BDMS		87
HCFA-1604 (C4)		SUMMARY ACCOUNTING STATEMENT	12/85	BDMS	10/83	
HCFA-1739 (TC)		RQST INFO ABOUT MED INS FOR FOREIGN BENEFICIARIES	04/81	BDMS	04/81	
HCFA-1778 (TC)		HIMEXC PSC REQUEST	01/82	BDMS	01/82	
HCFA-2642 (TC)		PAYMENT RECORD REJECT CARD	02/81	BDMS	03/82	
HCFA-2744 (BK)	X	ESRD FACILITY SURVEY	11/85	BDMS	10/84	88
HCFA-2744 (BK)		ESRD FACILITY SURVEY	11/88	BDMS		
HCFA-2744-I (BK)	X	ESRD FACILITY SURVEY INSTRUCTIONS	05/80	BDMS	02/82	86
HCFA-2744-I (BK)		ESRD FACILITY SURVEY INSTRUCTIONS	11/88	BDMS		
HCFA-2745 (U4)		ESRD TRANSPLANT INFO/ESRD MEDICAL INFO SYSTEM	07/87	BDMS	07/87	
HCFA-2745 (U3)	X	ESRD TRANSPLANT INFORMATION	10/81	BDMS	09/84	87
HCFA-2746 (U3)		ESRD DEATH NOTIFICATION	06/81	BDMS	07/84	

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-83 (SH)		TELEPHONE REPORT	12/78	BERC	08/80	
HCFA-88 (BK)		SNF COST DATA EXTRACTION FORM	06/84	BERC	06/84	
HCFA-89 (SH)		SNF COST DATA	01/81	BERC	02/81	
HCFA-91 (SH)		HOSPITAL INTERIM RATE CHANGE REPORT	06/79	BERC		
HCFA-92 (BK)	X	COMPUTATION OF INTERIM RATES	03/79	BERC	09/81	88
HCFA-L138 (SH)	X	SECRETARY'S REFERRAL	08/79	BERC		84
HCFA-142-TEST (BK)	X	HOSPITAL UNIFORM REPORT	09/78	BERC	09/78	85
HCFA-180 (BK)		HOSPITAL COST DATA	04/82	BERC	08/83	
HCFA-181 (BK)		HOSPITAL COST DATA	04/80	BERC	05/80	
HCFA-205 (SH)	X	HHA COST DATA	05/79	BERC	05/79	82
HCFA-212 (SH)	X	PHYSICIANS PANEL QUESTIONNAIRE	05/80	BERC	05/80	83
HCFA-213 (CD)	X	ISSUE INDEX CARD	05/80	BERC	06/80	85
HCFA-216 (BK)		APPORTIONMENT OF ALLOWABLE RETURN ON EQUITY (OPA)	06/86	BERC	06/86	
HCFA-217 (SH)		EXCEPTION REQUEST LOG	06/80	BERC	07/80	
HCFA-L218 (SH)		180 DAY RECEIPT LETTER	08/80	BERC	11/81	
HCFA-221 (BK)	X	HHA COST DATA	02/85	BERC	09/83	87

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HCFA-221 (BK)		HHA COST DATA	11/86	BERC		
HCFA-221-A (BK)	X	HHA COST DATA EXTRACTION FORM	02/85	BERC	02/85	87
HCFA-221-A (BK)		HHA COST DATA EXTRACTION FORM	11/86	BERC		
HCFA-222 (BK)		INDEPENDENT RURAL HEALTH CLINIC	03/83	BERC	03/83	
HCFA-231 (BK)	X	COMPENSATION SURVEY OF KEY PERSONNEL	04/81	BERC	04/81	83
HCFA-242 (SH)		FREESTANDING FED FUNDED HLTH CENTER WORKSHEET	10/83	BERC	11/83	
HCFA-265 (BK)		RENAL DIALYSIS FACILITY COST REPORT	12/81	BERC	02/82	
HCFA-276 (SH)	X	HMO STATEMENT OF REIMBURSABLE COST	05/81	BERC	05/81	83
HCFA-287 (BK)		HOME OFFICE COST STATEMENT	10/83	BERC	10/83	
HCFA-339 (BK)	X	PROVIDER COST REPORT REVIEW QUESTIONNAIRE	02/84	BERC	02/84	86
HCFA-371 (SH)	X	ANNUAL RPT FOR HOME & COMMUNITY BASED SERVICE	10/83	BERC	10/83	85
HCFA-375 (BK)		HOSPITAL BASED ESRD COST DATA	09/82	BERC	09/82	
HCFA-376 (BK)		INDEPENDENT ESRD COST DATA	09/82	BERC	09/82	
HCFA-382 (U4)		ESRD BENEFICIARY SELECTION	07/85	BERC	09/83	
HCFA-430 (SH)		SNF ROUTINE COST LIMITS REQUEST FOR ADJUSTMENT	03/84	BERC	03/84	
HCFA-452 (BK)		AMBULATORY SURGICAL CENTER PAYMENT RATE SURVEY	12/85	BERC	02/86	

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HCFA-453 (SH)		HHA COST LIMITS REQUEST FOR SHORT PERIOD	06/84	BERC	06/84	
HCFA-1007 (BK)		WKSHT TAC TARGET AMOUNT COMPUTATION	07/85	BERC	08/85	
HCFA-1120 (SH)		CORRESPONDENCE DEVELOPMENT RECORD	03/86	BERC		
HCFA-1120 (SH)	X	CORRESPONDENCE DEVELOPMENT RECORD	10/79	BERC	09/83	87
HCFA-1227 (C1)	X	COST REPORT CONTROL CARD	04/73	BERC	11/74	82
HCFA-1660 (SH)		RQST FOR INFO MED PAYMT FOR PATIENT NOW DECEASED	08/81	BERC	29/E3	
HCFA-1727 (SH)		INSTRUCTIONS FOR HANDLING CORRESPONDENCE	02/86	BERC		
HCFA-1727 (SH)	X	INSTRUCTIONS FOR HANDLING CORRESPONDENCE	04/85	BERC	08/84	87
HCFA-1728 (BK)	X	HHA STATEMENT OF REIMBURSABLE COST	07/67	BERC	07/81	82
HCFA-1728-A (BK)	X	CALCULATION OF COST LIMIT	06/80	BERC	03/81	82
HCFA-1728-B (SH)	X	SUPPLEMENTAL WORKSHEET AB	10/80	BERC	07/84	86
HCFA-1728-C (SH)	X	SUPPLEMENTAL WORKSHEET D3	10/80	BERC		86
HCFA-1728-C (SH)	X	SUPPLEMENTAL WORKSHEET D3	11/82	BERC	10/82	86
HCFA-1728-D (SH)	X	SUPPLEMENTAL WORKSHEET D3	10/80	BERC	07/84	86
HCFA-1728-K (BK)	X	HHA BASED HOSPICE COST & DATA REPORT	01/85	BERC	01/85	86
HCFA-1728-80 (BK)	X	HHA STATEMENT OF REIMBURSABLE COST	10/80	BERC	02/81	82

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-1728-81 (BK)	X	HHA COST REPORT	06/81	BERC	07/84	86
HCFA-1728-86 (SH)		HOME HEALTH AGENCY COST REPORT	06/86	BERC	06/86	
HCFA-1728-86 SUP (SH)		HHA SUPPLEMENTAL WORKSHEET	06/86	BERC	06/86	
HCFA-1728-86-F3 (SE)		HHA COST REPORT EQUITY CAPITAL WORKSHEET	06/86	BERC	06/86	
HCFA-1729 (BK)	X	HHA STATEMENT OF REIMBURSABLE COST	03/79	BERC	09/81	83
HCFA-1729-80 (BK)	X	PROVIDER BASED HHA COST REPORT	08/81	BERC	11/81	83
HCFA-1730 (BK)		APPORTIONMENT OF MALPRACTICE INSURANCE COST	04/89	BERC	03/89	
HCFA-1904 (SH)	X	LISTINGS OF STATES	06/79	BERC	06/79	82
HCFA-1964 (U2)		REQUEST FOR REVIEW OF PT/B MEDICARE CLAIM	08/85	BERC	07/84	
HCFA-1965 (U2)		REQUEST FOR HEARING OF PT/B MEDICARE CLAIMS	08/79	BERC	02/83	
HCFA-1990 (SH)	X	CORRESPONDENCE REFERRAL TO R/O	04/78	BERC	04/78	82
HCFA-2007-E (BK)	X	HOSPITAL INPUT FORMS	03/78	BERC	03/78	82
HCFA-2012 (U4)	X	INTERMEDIARY REPORT OF PROVIDERS TOTAL	12/69	BERC	12/69	82
HCFA-2088 (BK)	X	OUTPATIENT PHYSICAL THERAPY	10/79	BERC	07/82	87
HCFA-2134 (SH)	X	STATUS OF DRAFT LANGUAGE	04/73	BERC	05/76	82
HCFA-2167 (SH)	X	HIIB DAILY REPORT OF MEMO RECEIPTS	08/73	BERC	07/75	82

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-2168 (SH)	X	HIIB DAILY REPORT OF RECEIPTS	09/78	BERC	09/78	83
HCFA-2540-86 (BK)		SNF/SNF HH COMPLEX COST REPORT	06/86	BERC	10/86	
HCFA-2540-86 SUP (BK)		SNF SUPPLEMENTAL WORKSHEET (QUESTIONNAIRE)	06/86	BERC	10/86	
HCFA-2540-86F (BK)		SNF/SNF HEALTH CARE COMPLEX COMPUTATION WORKSHEET	06/86	BERC	10/86	
HCFA-2540-86H (BK)		SNF BASED HHA STATISTICAL DATA	06/86	BERC	10/86	
HCFA-2540-87 (BK)		SKILLED NURSING FACILITY & SNF HEALTH CARE COMPLEX	10/87	BERC	10/87	
HCFA-2540-87-SUP (BK)		SNF CERTIFICATION & OTHER DATA WITH INPUT SHEETS	07/87	BERC	11/87	
HCFA-2551 (BK)	X	COST REPORT FOR HOSPITALS	01/77	BERC	02/79	81
HCFA-2551-A (SH)	X	SUPPLEMENTAL SCHEDULE D4 & D5	12/77	BERC	05/80	81
HCFA-2551-B (SH)	X	SUPPLEMENTAL SCHEDULE D6	11/77	BERC	11/77	81
HCFA-2551-C (SH)	X	SUPPLEMENTAL SCHEDULE D7	11/77	BERC	02/79	81
HCFA-2551-D (SH)	X	APPLICATION OF THE LIMITATION	01/78	BERC	02/79	81
HCFA-2551-E (SH)	X	SUPPLEMENTAL SCHEDULE E4	11/77	BERC	12/80	81
HCFA-2551-F (SH)	X	SUPPLEMENTAL SCHEDULE E-4-1	12/77	BERC	12/78	81
HCFA-2551-G (BK)	X	SUPPLEMENTAL SCHEDULE 1 2 3	11/77	BERC	02/79	81
HCFA-2552-80 (BK)	X	PROVIDER COST REPORTING FORMS	05/80	BERC	08/81	82

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HCFA-2552-80-A (SH)	X	PROVIDER COST REPORT FORMS FOR HOSPITALS	05/80	BERC	06/81	82
HCFA-2552-80-B (SH)	X	PROVIDER COST REPORT	05/80	BERC	11/81	82
HCFA-2552-80-C (SH)	X	PROVIDER COST REPORT	05/80	BERC	09/81	82
HCFA-2552-80-D (SH)	X	PROVIDER COST REPORT	05/80	BERC	09/81	82
HCFA-2552-80-E (SH)	X	PROVIDER COST REPORT	05/80	BERC	09/81	82
HCFA-2552-80-F (SH)	X	PROVIDER COST REPORT	05/80	BERC	09/81	82
HCFA-2552-80-G (SH)	X	COST REPORTING FORM	05/80	BERC	09/80	82
HCFA-2552-80-H (SH)	X	COST REPORTING FORM	05/80	BERC	09/81	82
HCFA-2552-81 (BK)	X	HOSPITAL SNF & HEALTH CARE COMPLEX	11/81	BERC	04/82	87
HCFA-2552-81-A (SH)		COST REPORT FORM	11/81	BERC	11/81	
HCFA-2552-81-B (SH)		COST REPORT FORM	11/81	BERC	11/81	
HCFA-2552-81-C (SH)		COST REPORT FORM	11/81	BERC	11/81	
HCFA-2552-81-D (SH)		COST REPORT FORM	11/81	BERC	11/81	
HCFA-2552-81-E (SH)		COST REPORT FORM	11/81	BERC	11/81	
HCFA-2552-81-G (SH)		COST REPORT FORM	11/81	BERC	11/81	
HCFA-2552-81-H (SH)		COST REPORT FORM	11/81	BERC	11/81	

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HCFA-2552-81-J (SH)	X	COST REPORT FORM	11/81	BERC	11/81	86
HCFA-2552-81-K (SH)		COST REPORT FORM	11/81	BERC	11/81	
HCFA-2552-81-L (SH)		COST REPORT FORM	11/81	BERC	11/81	
HCFA-2552-83 (BK)	X	HOSPITAL COST REPORT	07/83	BERC	08/83	86
HCFA-2552-83-A-8-3 (BK)	X	REASONABLE COST DETERMINATION	07/83	BERC	08/83	86
HCFA-2552-83-D2 (BK)	X	APPORTIONMENT OF COST OF SERVICE	07/83	BERC	08/83	86
HCFA-2552-83-D5 (SH)	X	COST APPORTIONMENT OF AMBULANCE	07/83	BERC	08/83	86
HCFA-2552-83-E-2 (SH)	X	RECOVERY OF UNREIMBURSED COSTS	07/83	BERC	08/83	86
HCFA-2552-83-E-4 (SH)	X	RECOVERY OF UNREIMBURSED COST	07/83	BERC	08/83	86
HCFA-2552-83-E2 (SH)		CALCULATION OF REIMBURSEMENT	07/83	BERC	08/83	
HCFA-2552-83-F (BK)	X	RETURN ON EQUITY CAPITAL	07/83	BERC	08/83	86
HCFA-2552-83-H (BK)	X	HOSPITAL COST REPORT	07/83	BERC	08/83	86
HCFA-2552-83-I (BK)	X	HOSPITAL COST REPORT	07/83	BERC	08/83	86
HCFA-2552-83-J (BK)	X	HOSPITAL COST REPORT	07/83	BERC	08/83	86
HCFA-2552-83-S (BK)	X	HOSPITAL COST REPORT	07/83	BERC	08/83	86
HCFA-2552-83D4 (SH)	X	HOSPITAL COST REPORT	07/83	BERC	07/83	86

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-2552-84 (BK)		HOSPITAL COST REPORT	02/85	BERC	03/85	
HCFA-2552-84-F (BK)		EQUITY CAPITAL BALANCE SHEET COST REPORT	02/85	BERC	03/85	
HCFA-2552-84-H (BK)		HOSPITAL BASED HHA STATISTICAL DATA COST REPORT	02/85	BERC	03/85	
HCFA-2552-85 (BK)		HOSPITAL /HOSPITAL HEALTH CARE COMPLEX COST RPT	02/89	BERC	02/89	
HCFA-2552-85 (BK)		HOSPITAL & HEALTH CARE COMPLEX COST REPORT	06/88	BERC		
HCFA-2552-85 (BK)	X	HOSPITAL & HEALTH CARE COMPLEX COST REPORT	12/85	BERC	12/85	88
HCFA-2552-85-A-7 (BK)		SUPPLEMENT TO HCFA-2552-85 BASIC	12/85	BERC		
HCFA-2552-85-F (BK)		BALANCE SHEET FOR COMPUTATION FOR RETURN	12/85	BERC		
HCFA-2552-85-H (BK)		HOSPITAL BASED HHA STATISTICAL DATA	12/85	BERC	12/85	
HCFA-2560 (BK)	X	HOSPITAL SNF COST REPORT	08/79	BERC	10/79	82
HCFA-2750 (PC)	X	POSTCARD-SUBMISSION OF PT/B	11/78	BERC	11/78	83
HCFA-2818 (SH)	X	INTERMEDIARY WORKSHEET	11/73	BERC	09/75	82
HCFA-3041 (SH)	X	FREEDOM OF INFORMATION ACTIONS	08/74	BERC	07/75	82
HCFA-3182 (BK)	X	UNIFORM DESK REVIEW PROGRAM	02/85	BERC	05/79	86
HCFA-3182 (BK)		UNIFORM DESK REVIEW PROGRAM	08/86	BERC		
HCFA-3210 (SH)	X	REQUEST FOR ASSISTANCE	08/79	BERC	11/79	85

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-590 (CD)	X	CERTIFICATE OF APPOINTMENT-ADMINISTRATIVE LAW JUDGE	10/87	BMHA	09/87	88
HCFA-591 (CD)	X	ADMINISTRATIVE LAW JUDGE IDENTIFICATION CARD	10/87	BMHA	09/87	88

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-18 (F5)		APPLICATION FOR HOSPITAL INSURANCE	10/84	BPO	05/83	
HCFA-18-SP (F5)	X	APPLICATION FOR HOSPITAL INSURANCE	03/80	BPO	01/82	87
HCFA-18-SP (F5)		APPLICATION FOR HOSPITAL INSURANCE	06/84	BPO	06/87	
HCFA-25 (BK)	X	MEDICAID PROGRAM BUDGET REPORT	09/84	BPO	06/83	87
HCFA-25 (BK)		MEDICAID PROGRAM BUDGET REPORT	11/88	BPO		
HCFA-31 (U2)	X	RURAL HEALTH CLINIC BILLING	06/78	BPO	09/78	80
HCFA-31-A (C2)	X	RURAL HEALTH CLINIC BILLING	06/78	BPO	09/78	80
HCFA-31-AC (C2)	X	RURAL HEALTH CLINIC BILLING	06/78	BPO	09/78	83
HCFA-31-C (C2)	X	RURAL HEALTH CLINIC BILLING	06/78	BPO	09/78	83
HCFA-40-B (SH)		APPLICATION FOR ENROLLMENT IN SMI	01/87	BPO		
HCFA-40-B (SH)	X	APPLICATION FOR ENROLLMENT IN SMI	03/86	BPO		87
HCFA-40-B (SH)	X	APPLICATION FOR ENROLLMENT IN SMI	10/85	BPO	06/84	86
HCFA-40-1966 (CD)		APPLICATION FOR ENROLLMENT IN SMI	07/88	BPO	02/88	
HCFA-43 (BK)		APPLICATION FOR ENROLLMENT IN HI/SMI (ESRD)	08/81	BPO	05/83	
HCFA-64 (SH)	X	QUARTERLY STATEMENT OF EXPENDITURES	07/85	BPO	12/83	86
HCFA-64 (BK)		QUARTERLY MEDICAID STATEMENT OF EXPENDITURES	11/88	BPO		

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HCFA-64 (BK)	X	QUARTERLY MEDICAID STATEMENT OF EXPENDITURES	12/86	BPO	01/87	88
HCFA-64-9B (SH)	X	QUARTERLY REPORT OF ABORTIONS	01/80	BPO	01/80	85
HCFA-73-T (PC)	X	NOTICE OF FEDERALLY QUALIFIED HMO	09/78	BPO	11/78	83
HCFA-74 (U2)	X	REQUEST FOR FSC THIRD PARTY ACTION	10/78	BPO	10/78	84
HCFA-93-T (SH)	X	PIP GENERAL SHORT TERM HOSPITAL CHANGES	02/79	BPO	02/79	83
HCFA-94-T (SH)	X	GENERAL SHORT TERM HOSPITAL CHANGE QUESTIONNAIRE	02/79	BPO	02/79	83
HCFA-142-J (SH)	X	DELEGATED HOSPITAL FUNCTION COST STATEMENT	03/81	BPO	03/81	84
HCFA-L151 (SH)	X	GRANT AWARD LETTER	12/85	BPO		87
HCFA-152 (SH)	X	COMPUTATION OF AMOUNTS FOR MEDICARE	09/79	BPO	10/79	83
HCFA-163-T (SH)	X	NOTIFICATION OF CHANGE OF ENVELOPE	11/79	BPO	12/79	83
HCFA-177 (CD)		LITIGATION INDEX CARD	04/80	BPO	04/84	
HCFA-179 (U7)		TRANSMITTAL & NOTICE OF APPROVAL	03/80	BPO	02/84	
HCFA-189 (SH)		PROPERTY IDENTIFICATION	05/80	BPO	05/80	
HCFA-190 (SH)		CARTON IDENTIFICATION	05/80	BPO	05/80	
HCFA-199 (SH)	X	PHYSICIAN & SUPPLIER OVERPAYMENT SCHEDULE	05/79	BPO	06/79	83
HCFA-238 (SH)	X	SPECIAL ADMINISTRATIVE COST BUDGET REPORT	06/81	BPO	06/81	83

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HCFA-239 (SH)	X	QRTRLY INVOICE OF SPECIAL ADMINISTRATIVE COSTS	06/81	BPO	06/81	83
HCFA-240 (SH)	X	FINAL ADMIN COST RPT GROUP PRACTICE	06/81	BPO	06/81	83
HCFA-L295 (SH)		REQUEST FOR ADDITIONAL BILLING DATA	07/81	BPO	07/81	
HCFA-L325-325/A (C2)		MEDICARE INFORMATION NOTICE OF TERMINATION	07/78	BPO		
HCFA-L325-325A (C1)		NOTICE OF TERMINATION OF MEDICAL INS BENEFITS	07/78	BPO	05/79	
HCFA-L326-326/A (C2)		MEDICARE INFORMATION NOTICE OF TERMINATION OF SMI	07/78	BPO		
HCFA-L326-326A (C1)		RECORD OF TERMINATION OF MEDICAL INSURANCE BENEFIT	07/78	BPO	04/79	
HCFA-L327 (C1)	X	NOTICE OF TERMINATION OF MEDICAL INS BENEFITSH	01/76	BPO	08/78	87
HCFA-L327-A SP (SH)	X	REC OF TERMINATION OF MEDICAL INSURANCE	01/76	BPO	10/80	83
HCFA-L327-327/A (C2)	X	MEDICARE INFORMATION NOTICE OF TERMINATION OF SMI	07/76	BPO		87
HCFA-L327-327A (C1)		MEDICARE INFORMATION: NOTICE OF TERMINATION OF SMIB/HMIB	07/78	BPO		
HCFA-339 (BK)		PROVIDER COST REPORT REVIEW QUESTIONNAIRE	06/88	BPO		
HCFA-348 (SH)		ROUTING AND TRANSMITTAL SLIP	07/82	BPO	09/83	
HCFA-350 (SH)		REPORT ON PROVIDER PARTICIPATION IN MEDICAID	02/83	BPO	07/84	
HCFA-L351 (SH)	X	MEDICAL INSURANCE NOTICE	05/78	BPO	06/78	81
HCFA-352 (U2)	X	PT/A RECONSIDERATION INPUT RECORD	02/82	BPO	07/83	86

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HCFA-352 (U2)		PT/A RECONSIDERATION INPUT RECORD	06/86	BPO		
HCFA-353 (U2)		PT/A PREHEARING INPUT RECORD	06/86	BPO		
HCFA-353 (U2)	X	PT/A PREHEARING INPUT RECORD	12/82	BPO	07/83	86
HCFA-353-A (SH)		PT/A PSRO PREHEARING INPUT RECORD	12/82	BPO	01/83	
HCFA-354 (SH)	X	PT/A POST HEARING INPUT RECORD	01/83	BPO	12/83	86
HCFA-354 (SH)		PT/A POST HEARING INPUT RECORD	06/86	BPO		
HCFA-L 365 (SH)		REPORT TO MEDICARE OF AUTOMOBILE/LIABILITY INSURANCE	07/85	BPO		
HCFA-L365 (SH)	X	REPORT TO MEDICARE OF AUTOMOBILE/LIABILITY INS	12/82	BPO	12/82	87
HCFA-383 (SH)		HOSPITAL INSURANCE CASE SUMMARY	12/82	BPO	07/83	
HCFA-384 (SH)	X	PSRO CASE SUMMARY	01/83	BPO	02/86	87
HCFA-406 (SH)		PHYSICIANS AND SUPPLIERS OVERPAYMENTS RECOVERED	05/83	BPO	05/83	
HCFA-411 (SH)		MEDICARE PROVIDER OVERPAYMENT CAUSE REPORT	09/83	BPO	09/83	
HCFA-416 (BK)		BOCMIS INPUT RECORD	02/85	BPO	09/83	
HCFA-420 (SH)		QUARTERLY EPSDT REPORT	10/83	BPO	10/83	
HCFA-456 (SH)		INTERMEDIARY BENEFIT PAYMENT REPORT	05/85	BPO	06/85	
HCFA-L457 (SH)	X	ACKNOWLEDGEMENT OF REQUEST	03/85	BPO	05/85	86

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HCFA-L457 (SH)		ACKNOWLEDGEMENT OF REQUEST FOR SMI TERMINATION	06/86	BPO		
HCFA-L457 (SH)		ACKNOWLEDGEMENT OF REQUEST FOR SMI TERMINATION	08/86	BPO		
HCFA-L457-FC (SH)	X	MEDICARE INFORMATION -FOREIGN CLAIM	03/85	BPO	03/85	87
HCFA-L457-FC (SH)		MEDICARE INFORMATION	06/86	BPO	05/87	
HCFA-L458 (SH)		ACKNOWLEDGEMENT OF REQ FOR HI TERMINATION	03/82	BPO	06/84	
HCFA-464 (BK)	X	MEDICAID STATE AGENCY THIRD PARTY LIABILITY	06/85	BPO	06/85	87
HCFA-483 (LB)		HI MAGNETIC TAPE LABEL UNIBILL	03/85	BPO	03/85	
HCFA-484 (SH)		ATTENDING PHYSICIAN'S CERTIFICATION/HOME OXYGEN	01/89	BPO	09/87	
HCFA-488 (C4)		HHA INTERMEDIARY MEDICAL INFORMATION REQUEST	04/87	BPO	/	
HCFA-L564 (SH)		MEDICARE INFORMATION, SPECIAL ENROLLMENT PERIOD	04/88	BPO	05/87	
HCFA-565 (SH)		MEDICARE QUALIFICATION STATEMENT FOR FED EMPLOYEES	04/87	BPO	05/87	
HCFA-L603 (SH)	X	INTERMEDIARY NOTICE APPEAL	03/77	BPO	06/77	83
HCFA-L604 (SH)	X	SECOND REQUEST-HEARING EFFECTUATION	07/77	BPO	09/77	83
HCFA-L607 (SH)	X	ODR COB NOTICE EFFECT ALJ DECISION	07/77	BPO	06/77	82
HCFA-L608 (SH)	X	SECOND REQUEST HEARING EFFECTUATION	07/77	BPO	02/77	82
HCFA-L610 (SH)	X	SECOND REQUEST APPEALS COUNCIL	07/77	BPO	06/77	82

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HCFA-L611 (SH)	X	INTERMEDIARY NOTICE OF APPEALS COUNCIL	07/77	BPO	06/77	82
HCFA-L612 (SH)	X	PT/A NOTICE REAFFIRM ALJ DECISION	12/77	BPO	12/77	82
HCFA-L623-623A (C1)	X	NOTICE REGARDING COLLECTION OF MEDICARE PREMIUMS	07/78	BPO	10/84	88
HCFA-L624 (SH)	X	PT/A NOTICE AFFIRMATION BY ALJ OF BHA RECON	07/77	BPO	06/77	82
HCFA-L625 (SH)	X	NOTICE TO EFFECTUATE BHA ALJ	12/77	BPO	12/77	82
HCFA-636 (U2)	X	TRANSMITTAL NOTICE HEARING CASE	12/82	BPO	07/84	88
HCFA-636-A (U3)	X	TRANSMITTAL NOTICE HEARING CASE	06/79	BPO	06/79	82
HCFA-636-A (U3)		TRANSMITTAL NOTICE HEARING CASE	12/82	BPO		
HCFA-636-BHIC (U5)	X	TRANSMITTAL NOTICE HEARING CAS	04/75	BPO	05/75	82
HCFA-L647 (SH)	X	SOCIAL SECURITY BENEFIT INFORMATION	04/80	BPO	09/80	83
HCFA-L647-SP (SH)	X	SOCIAL SECURITY BENEFIT INFORMATION	04/80	BPO	10/80	83
HCFA-L648 (SH)	X	NOTICE TO INQUIRER	07/77	BPO	06/77	82
HCFA-L650 (SH)	X	ACKNOWLEDGEMENT OF RECEIPT	07/77	BPO	06/77	82
HCFA-L651 (SH)	X	INTERMEDIARY NOTICE OF APPEALS COUNCIL	07/77	BPO	06/77	82
HCFA-L652 (SH)	X	INTERMEDIARY NOTICE OF ALJ REVERSAL	07/77	BPO	06/77	82
HCFA-L653 (SH)	X	NOTICE TO ODR OF BHA APPEALS	07/77	BPO	06/77	82

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HCFA-L654 (SH)	X	NOTICE TO INTERMEDIARY OF APPEAL	07/77	BPO	08/77	82
HCFA-L655 (SH)	X	NOTICE TO ODR OF BHA DECISION	07/77	BPO	08/77	82
HCFA-L656 (SH)	X	NOTICE TO ODR OF BHA ALJ AFFIRMATION	07/77	BPO	07/77	82
HCFA-L657 (SH)	X	NOTICE AND TRANSMITTAL TO ODR	07/77	BPO	08/77	82
HCFA-L658 (SH)	X	NOTICE TO ODR OF BHA APPEALS	07/77	BPO	08/77	82
HCFA-L660 (SH)	X	SECOND REQ APPEALS COUNCIL	07/77	BPO	08/77	82
HCFA-L661 (SH)	X	NOTICE TO REGIONAL MEDICARE DIRECTOR	11/77	BPO	11/77	82
HCFA-L663 (SH)	X	NOTICE OF UNFAVORABLE ALJ DECISION	07/77	BPO	08/77	82
HCFA-L664 (SH)	X	INSTRUCTION TO ODR	07/77	BPO	08/77	82
HCFA-L665 (SH)	X	NOTICE TO ODR OF BHA AND ALJ DECISION	07/77	BPO	08/77	82
HCFA-L666 (SH)		MEDICARE BENEFIT INFORMATION	07/83	BPO	07/83	
HCFA-L666-SP (SH)		INFORMACION DE BENEFICIOS	08/75	BPO	08/80	
HCFA-L692 (SH)	X	BHA APPEAL APPROVING PAYMENT	07/77	BPO	01/79	82
HCFA-877 (SH)	X	CONTRACTOR LETTER OF CREDIT RECORD	02/77	BPO	03/77	82
HCFA-898-A (SH)	X	LISTING OF STATES	08/79	BPO	10/79	82
HCFA-898-B (SH)	X	SCHEDULE OF STATES BY REGION	08/79	BPO	09/79	82

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HCFA-898-C (BK)	X	SUPPLEMENTAL GRANTS INFORMATION	08/79	BPO	09/79	82
HCFA-898-F (SH)		TITLE XIX QUARTERLY COMPLIANCE REPORT	03/84	BPO	04/84	
HCFA-898-H (SH)	X	SUMMARY OF CHANGES IN STATE MEDICAID PROGRAM	03/80	BPO	03/80	82
HCFA-898-I (SH)	X	INCREASES AND DECREASES IN MEDICARE	03/80	BPO	04/80	82
HCFA-898-J (SH)	X	STATE LISTING	03/80	BPO	03/80	82
HCFA-898-K (SH)	X	MEDICAID SERVICES BY STATES	04/82	BPO	04/82	82
HCFA-902 (SH)	X	SUMMARY ANALYSIS OF ADMIN COST HIB PROGRAM	02/75	BPO	02/76	82
HCFA-905 (SH)	X	SUMMARY ANALYSIS OF ADMINISTRATION	02/75	BPO	02/76	82
HCFA-L955 (SH)	X	NOTICE OF BHA DISMISSAL OF PT/A HEARING RQST	07/77	BPO	06/77	82
HCFA-L956 (SH)	X	NOTICE & TRANSMITTAL OF BHA DECISION	07/77	BPO	06/77	82
HCFA-L1004 (SH)	X	DELAYED INTER EFFECTUATION	03/77	BPO	04/77	82
HCFA-1086 (SH)		INTERMEDIARY CONTROL OF ADMINISTRATIVE FUNDS	08/80	BPO	09/80	
HCFA-1269 (SH)		PT B OVERPAYMENT IDENTIFICATION AND CONTROL	09/80	BPO	11/82	
HCFA-1450-UB-82 (C5)		UNIFORM BILLING FORM 82	08/82	BPO	00/00	
HCFA-1450-UB-82 (U5)		UNIFORM BILLING FORM 82	06/82	BPO	00/00	
HCFA-1453 (U4)	X	INPATIENT HOSPITAL & SNF ADMISSION BILLING	05/80	BPO	04/84	85

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HCFA-1453-A (U2)	X	INPATIENT HOSPITAL & SNF ADMISSION & BILLING	05/80	BPO	08/84	85
HCFA-1453-A (C2)	X	INPATIENT HOSPITAL & SNF ADMISSION & BILLING	05/80	BPO	08/84	85
HCFA-1453-C (C3)	X	INPATIENT HOSPITAL & SNF ADMISSION & BILLING	05/80	BPO	08/84	85
HCFA-1453-OCR (C4)	X	INPATIENT HOSPITAL & SNF ADMISSION & BILLING	07/75	BPO	04/79	81
HCFA-1453-OCR1 (C5)	X	INPATIENT HOSPITAL ADMISSION & BILLING	01/74	BPO	05/74	81
HCFA-1466 (SH)	X	NOTICE TO STATE AGENCY	03/68	BPO	03/76	82
HCFA-1483 (U3)	X	PROVIDER BILLING FOR MEDICAL AND OTHER HEALTH	05/80	BPO	08/84	85
HCFA-1483-C (C3)	X	PROVIDER BILLING FOR MEDICAL & OTHER	05/80	BPO	08/84	85
HCFA-1483-CEB (C4)	X	PROVIDER BILLING FOR MEDICAL AND OTHER	12/81	BPO	08/84	85
HCFA-1483-ED (U4)	X	PROVIDER BILLING FOR MEDICAL AND OTHER	12/81	BPO	03/83	85
HCFA-1483-FL (U4)	X	PROVIDER BILLING FOR MEDICAL & OTHER SERVICES	07/75	BPO	05/76	82
HCFA-1483-OCR1 (U4)	X	PROVIDER BILLING FOR MEDICAL SERVICES	05/73	BPO	09/78	82
HCFA-1483-OCR2 (U4)	X	PROVIDER BILLING FOR MEDICAL SERVICES	01/74	BPO	02/77	82
HCFA-1486 (U3)		CHRISTIAN SCIENCE PT/A ADMISSIONS & BILLING	01/80	BPO	11/81	
HCFA-1487 (U5)	X	HHA REPORT AND BILLING	08/83	BPO	08/84	85
HCFA-1487-A (C2)	X	HHA REPORT AND BILLING	12/69	BPO	08/84	85

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HCFA-1487-C (C3)	X	HHA CORF REPORT AND BILLING	08/83	BPO	08/84	85
HCFA-1490 (SH)	X	REQUEST FOR MEDICARE PAYMENT	05/78	BPO	03/80	85
HCFA-1490 (U2)	X	REQUEST FOR MEDICARE PAYMENT	11/78	BPO	08/81	86
HCFA-1490 (C1)	X	REQUEST FOR MEDICARE PAYMENT	11/78	BPO	08/81	82
HCFA-1490 (C2)	X	REQUEST FOR MEDICARE PAYMENT	11/78	BPO	02/84	85
HCFA-1490-B (C2)	X	REQUEST FOR MEDICARE PAYMENT	11/78	BPO	07/78	82
HCFA-1490-BA (C2)	X	REQUEST FOR MEDICARE PAYMENT	11/78	BPO	05/81	82
HCFA-1490-C (C3)	X	REQUEST FOR MEDICARE PAYMENT	11/78	BPO	05/81	82
HCFA-1490-CA (U3)	X	REQUEST FOR MEDICARE PAYMENT	05/78	BPO	03/80	82
HCFA-1490-CA (U2)	X	REQUEST FOR MEDICARE PAYMENT	05/78	BPO	07/80	82
HCFA-1490-CA (SH)	X	REQUEST FOR MEDICARE PAYMENT	05/78	BPO	09/80	82
HCFA-1490-CA (C3)	X	REQUEST FOR MEDICARE PAYMENT	11/78	BPO	03/80	82
HCFA-1490-CA SC (SH)	X	REQUEST FOR MEDICARE PAYMENT	05/78	BPO	12/80	82
HCFA-1490-CL (C2)	X	REQUEST FOR MEDICARE PAYMENT	04/80	BPO	10/80	82
HCFA-1490-O (C3)	X	REQUEST FOR MEDICARE PAYMENT	11/78	BPO	10/80	82
HCFA-1490-OV (C3)	X	REQUEST FOR MEDICARE PAYMENT	11/78	BPO	11/81	82

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HCFA-1490-RI (U3)	X	REQUEST FOR MEDICARE PAYMENT	02/71	BPO	12/79	82
HCFA-1490-RIMA (U3)	X	REQUEST FOR MEDICARE PAYMENT	02/79	BPO	05/80	82
HCFA-1490-RIMA (C3)	X	REQUEST FOR MEDICARE PAYMENT	02/79	BPO	05/80	82
HCFA-1490-S (SH)		PATIENT'S REQUEST FOR MEDICARE PAYMENT	02/87	BPO		
HCFA-1490-S (SH)	X	PATIENT'S REQUEST FOR MEDICARE PAYMENT	07/85	BPO	02/86	87
HCFA-1490-S SC (SH)		PATIENT'S REQUEST FOR MEDICARE PAYMENT	02/87	BPO		
HCFA-1490-S SC (SH)	X	PATIENT'S REQUEST FOR MEDICARE PAYMENT	07/85	BPO	02/86	87
HCFA-1490-S SP (SH)		PETICION DEL PACIENTE PARA PAGOS DE MEDICARE	02/87	BPO	01/89	
HCFA-1490-S SP (SH)	X	PATIENTS REQUEST FOR MEDICARE PAYMENT	07/85	BPO	06/84	89
HCFA-1490-SP (U2)	X	SOLICITUD DE PAGOS DE MEDICARE	01/78	BPO	10/80	82
HCFA-1490-SP (SH)	X	SOLICITUD DE PAGOS DE MEDICARE	01/78	BPO	10/80	82
HCFA-1490-U (C3)	X	REQUEST FOR MEDICARE PAYMENT	02/79	BPO	03/79	87
HCFA-1490-U (C1)	X	REQUEST FOR MEDICARE PAYMENT	02/79	BPO	02/86	87
HCFA-1490-U (C2)	X	REQUEST FOR MEDICARE PAYMENT	02/79	BPO		88
HCFA-1490-U (C2)		REQUEST FOR MEDICARE PAYMENT	10/81	BPO	06/84	
HCFA-1490-U (U2)		REQUEST FOR MEDICARE PAYMENT BY ORGANIZATIONS	10/81	BPO	07/82	

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HCFA-1490-U (SH)		REQUEST FOR MEDICARE PAYMENT	10/81	BPO	06/84	
HCFA-1490-W (SH)	X	REQUEST FOR MEDICARE PAYMENT	03/68	BPO	03/67	81
HCFA-1490-WAR (U3)	X	REQUEST FOR MEDICARE PAYMENT	03/78	BPO	01/79	82
HCFA-1490-WCMO (C3)	X	REQUEST FOR MEDICARE PAYMENT	04/78	BPO	01/79	82
HCFA-1490-WHI (U3)	X	REQUEST FOR MEDICARE PAYMENT	06/78	BPO	10/80	83
HCFA-1490-WKS (C3)	X	REQUEST FOR MEDICARE PAYMENT	10/69	BPO	11/76	82
HCFA-1490-WKY (U3)	X	REQUEST FOR MEDICARE PAYMENT	10/69	BPO	02/81	82
HCFA-1490-WMO (U3)	X	REQUEST FOR MEDICARE PAYMENT	04/78	BPO	01/79	82
HCFA-1490-WMT (U3)	X	REQUEST FOR MEDICARE PAYMENT	11/74	BPO	02/80	83
HCFA-1490-WMT (C3)	X	REQUEST FOR MEDICARE PAYMENT	11/74	BPO	04/80	83
HCFA-1490-WND (U4)	X	REQUEST FOR MEDICARE PAYMENT	01/70	BPO	10/75	82
HCFA-1490-WOR (U3)	X	REQUEST FOR MEDICARE PAYMENT	04/79	BPO	12/79	83
HCFA-1490-WSD (U4)	X	REQUEST FOR MEDICARE PAYMENT	02/78	BPO	11/79	83
HCFA-1490-WSD (C4)	X	REQUEST FOR MEDICARE PAYMENT	06/80	BPO	05/80	83
HCFA-1491 (C2)	X	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	01/81	BPO	02/86	87
HCFA-1491 (U2)	X	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	01/81	BPO	02/86	87

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HCFA-1491 (SH)	X	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	01/81	BPO	02/86	87
HCFA-1491 (C3)	X	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	03/81	BPO		87
HCFA-1491 (U3)	X	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	07/77	BPO	04/81	87
HCFA-1491 (SH)	X	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	08/86	BPO		89
HCFA-1491 (U2)	X	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	08/86	BPO		89
HCFA-1491 (C2)	X	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	08/86	BPO		89
HCFA-1491-OCR (U2)	X	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	07/77	BPO	02/80	87
HCFA-1491-RIMA (U3)	X	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	01/81	BPO	09/83	87
HCFA-1491-SC (U2)	X	REQUEST FOR MEDICARE PAYMENT AMBULANCE	01/81	BPO	02/86	87
HCFA-1491-SC (SH)	X	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	01/81	BPO	02/86	87
HCFA-1491-SC (C2)	X	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	01/81	BPO	02/86	87
HCFA-1491-SC (U2)		REQUEST FOR MEDICARE PAYMENT, AMBULANCE	01/89	BPO		
HCFA-1491-SC (C2)		REQUEST FOR MEDICARE PAYMENT, AMBULANCE	01/89	BPO		
HCFA-1491-SC (SH)		REQUEST FOR MEDICARE PAYMENT, AMBULANCE	01/89	BPO		
HCFA-1491-SC (SH)	X	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	08/86	BPO		89
HCFA-1491-SC (U2)	X	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	08/86	BPO		89

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HCFA-1491-SC (C2)	X	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	08/86	BPO		89
HCFA-1500 (C2)		HEALTH INSURANCE CLAIM FORM	01/84	BPO	08/84	
HCFA-1500 (C1)		HEALTH INSURANCE CLAIM FORM	01/84	BPO	08/84	
HCFA-1500 (U2)		HEALTH INSURANCE CLAIM FORM	01/84	BPO	08/84	
HCFA-1500 (SH)		HEALTH INSURANCE CLAIM FORM	01/84	BPO	08/84	
HCFA-1500 (C3)	X	HEALTH INSURANCE CLAIM FORM	10/80	BPO	05/81	87
HCFA-1500 (U3)	X	HEALTH INSURANCE CLAIM FORM	10/80	BPO	04/81	87
HCFA-1500-PR (U2)		HEALTH INSURANCE CLAIM FORM	01/84	BPO	11/84	
HCFA-1500-SC (U2)		HEALTH INSURANCE CLAIM FORM	01/84	BPO	08/84	
HCFA-1500-SC (SH)		HEALTH INSURANCE CLAIM FORM	01/84	BPO	08/84	
HCFA-1500-SC (C2)		HEALTH INSURANCE CLAIM FORM	01/84	BPO	08/84	
HCFA-1500-SC (C1)	X	HEALTH INSURANCE CLAIM FORM	10/80	BPO		87
HCFA-1521 (SH)	X	PAY VOUCHER ON LETTER OF CREDIT	06/83	BPO	06/84	88
HCFA-1522 (SH)	X	MONTHLY INTERMEDIARY FINANCIAL REPORT	06/84	BPO	06/84	88
HCFA-1522-A (SH)	X	MONTHLY RECONCILIATION OF SMI FUNDS	02/82	BPO		86
HCFA-1522-A (SH)	X	MONTHLY RECONCILIATION OF SMI FUNDS	06/84	BPO	06/84	86

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-1523 (SH)	X	ESTIMATE OF ADMINISTRATIVE COSTS & CREDITS	09/79	BPO	10/79	87
HCFA-1524 (SH)	X	ESTIMATE OF ADMINISTRATIVE COSTS & CREDITS	09/79	BPO	09/84	87
HCFA-1525 (SH)		NOTICE OF BUDGET APPROVAL	09/79	BPO	01/83	
HCFA-1525-A (SH)	X	NOTICE OF BUDGET APPROVAL	02/77	BPO	09/79	83
HCFA-1526 (SH)	X	NOTICE OF BUDGET APPROVAL	09/79	BPO	10/79	83
HCFA-1527 (SH)	X	CUMULATIVE INTERIM EXPENDITURE	09/79	BPO	10/79	85
HCFA-1528 (SH)	X	CUMULATIVE INTERIM EXPENDITURE	09/79	BPO	09/79	85
HCFA-1533 (SH)	X	MEDICARE BENEFITS RECORD	06/77	BPO	06/77	80
HCFA-1551 (SH)	X	DIRECT DEALING PROVIDER INPUT WORKSHEET	05/74	BPO	06/84	87
HCFA-1554 (U2)	X	PROVIDER BILLING FOR PATIENT SERVICES	04/80	BPO	09/82	84
HCFA-1554 (SH)	X	PROVIDER BILLING FOR PATIENT	04/80	BPO	03/82	84
HCFA-1554-C (C2)	X	PROVIDER BILLING FOR PATIENT	04/80	BPO	03/82	84
HCFA-1556 (U2)	X	PREPAYMENT PLAN FOR GROUP MEDI	03/81	BPO	05/82	82
HCFA-1556 (SH)	X	PREPAYMENT PLAN FOR GROUP PRACTICE	07/78	BPO	11/81	84
HCFA-1563 (SH)		MONTHLY PT/A RPT ON MEDICARE SECONDARY PAYER SAVINGS	08/86	BPO	10/86	
HCFA-1564 (SH)		MONTHLY PT/B RPT ON MEDICARE SECONDARY PAYER SAVINGS	11/86	BPO	10/86	

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-1565 (SH)		MEDICARE PROGRAM CARRIER PERFORMANCE REPORT	08/86	BPO		
HCFA-1565 (SH)	X	MEDICARE PROGRAM CARRIER PERFORMANCE REPORT	09/85	BPO	06/83	86
HCFA-1565 (SH)	X	MEDICARE PROGRAM CARRIER PERFORMANCE REPORT	11/82	BPO		86
HCFA-1565-A (SH)		MEDICARE PROGRAM QUARTERLY SUPPLEMENT REPORT	11/82	BPO	11/82	
HCFA-1565-C (SH)		QUARTERLY SUPPLEMENT TO CARRIER PERFORMANCE	02/85	BPO	02/85	
HCFA-1566 (SH)		INTERMEDIARY WORKLOAD REPORT	08/86	BPO		
HCFA-1566 (SH)	X	INTERMEDIARY WORKLOAD REPORT	11/85	BPO	06/84	86
HCFA-1566-A (SH)		QUARTERLY SUPPLEMENT TO INTERMEDIARY WORKLOAD	11/82	BPO	11/82	
HCFA-1580 (SH)		AMENDMENT OF CONTRACT	07/86	BPO		
HCFA-1580 (SH)	X	AMENDMENT OF CONTRACT	08/79	BPO	08/79	84
HCFA-1585-1585/A (C1)		NOTICE OF MEDICAL INSURANCE ENROLLMENT (DIO)	10/85	BPO	/	
HCFA-1585-1585A (C1)		NOTICE OF MEDICAL INSURANCE ENROLLMENT(ODO)	10/85	BPO	29/E3	
HCFA-1589 (C1)	X	MEDICAL INSURANCE TERMINATION RECORD(DIO)	12/85	BPO	05/84	87
HCFA-1589-1589 A (C1)		MEDICAL INSURANCE TERMINATION RECORD (DIO)	01/86	BPO	/	
HCFA-1589-1589/A (C1)		MEDICAL INSURANCE TERMINATION RECORD (ODO)	01/86	BPO	/	
HCFA-1590-TR (SH)		ADVANCE NOTICE OF RECOUPMENT OF BACK SMI PREMIUMS	02/86	BPO	10/86	

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HCFA-1591-TR (SH)		NOTICE OF RECOUPMENT	02/86	BPO	10/86	
HCFA-1592 (SH)	X	SMI PREMIUM ACCOUNTING CARD	07/84	BPO	11/81	86
HCFA-1592 (SH)		SMI PREMIUM ACCOUNTING CARD	07/86	BPO		
HCFA-1600 (U3)		REQUEST FOR CLAIM NUMBER	06/80	BPO	02/86	
HCFA-L1614-TR (SH)		MEDICARE NOTICE	07/78	BPO	05/79	
HCFA-1615 (SH)	X	FINAL ADMINISTRATIVE COST PROPOSAL	09/79	BPO	09/79	85
HCFA-1616 (SH)	X	FINAL ADMINISTRATIVE COST PROPOSAL	09/79	BPO	10/79	85
HCFA-L1626 (C1)		MEDICARE NOTICE	02/81	BPO	02/81	
HCFA-L1636-TR (C1)		MEDICARE NOTICE	03/82	BPO	01/82	
HCFA-1667 (CD)		NOTICE OF REFUND OF INSURANCE PREMIUM	09/69	BPO	12/83	
HCFA-1667-SP (CD)	X	NOTICE OF REFUND OF INSURANCE PREMIUM	09/69	BPO	12/83	83
HCFA-1696 (U4)		APPOINTMENT OF REPRESENTATIVE	10/84	BPO	11/84	
HCFA-1702 (SH)	X	PROVIDER AUDIT ACTIVITY REPORT	04/79	BPO	05/79	83
HCFA-1763 (SH)		RQST FOR TERMINATION OF PREMIUM HI/SMI	03/82	BPO	06/84	
HCFA-1769 (U4)	X	EVALUATION OF LEASE FOR MEDICARE	09/73	BPO	11/76	82
HCFA-1771 (SH)		PHYSICIAN STMT & DOCUMENTATION OF EMERGENCY	09/77	BPO	06/84	

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-1779-A (SH)	X	AUDIT REPORT SUMMARY	08/71	BPO	06/75	82
HCFA-1822 (SH)	X	QUARTERLY PROVIDER AUDIT ACTIVITY REPORT	04/85	BPO	07/84	86
HCFA-1822 (SH)		QUARTERLY PROVIDER AUDIT ACTIVITY REPORT	11/85	BPO		
HCFA-1822-V (SH)		ANNUAL SUPPL TO PROVIDER AUDIT ACTIVITY REPORT	04/85	BPO	03/85	
HCFA-1823 (SH)	X	COST REPORT SETTLEMENT LOG	01/81	BPO	07/84	86
HCFA-1841 (SH)		CERTIFICATION OF TRUE COPY	02/80	BPO	02/80	
HCFA-1841-A (SH)		CERTIFICATION OF TRUE COPY	02/80	BPO	02/80	
HCFA-1885-A (SH)		PROVIDER CHAIN OPERATOR DATA	10/81	BPO	10/81	
HCFA-L1907 (TR)		MEDICARE NOTICE	03/81	BPO	03/81	
HCFA-L1907-A (SH)	X	MEDICARE NOTICE	07/78	BPO	09/78	83
HCFA-1929 (SH)		HEALTH PREPAYMENT CODING SHEET	01/78	BPO	10/83	
HCFA-1932 (SH)		REPORT OF UNCOLLECT PT/B OVERPAYMENT	09/80	BPO	07/84	
HCFA-1937 (SH)		REQUEST FOR TELETYPE MESSAGE	03/83	BPO	02/83	
HCFA-1938 (U2)		SSO REQUEST FOR CARRIER OR INTERMEDIARY ASSISTANCE	01/88	BPO	01/88	
HCFA-1938 (U4)	X	SOCIAL SECURITY OFFICE RQST FOR ASSISTANCE	08/81	BPO	02/86	88
HCFA-1954 (C3)		NOTICE OF MEDICARE CLAIM DETERMINATION	08/77	BPO	07/84	

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HCFA-1954 (U3)		NOTICE OF MEDICARE CLAIM DETERMINATION	08/77	BPO	07/84	
HCFA-1954-A (U3)	X	HOSPITAL NONCOVERED LEVEL OF CARE	11/78	BPO	02/82	83
HCFA-1954-B (U3)	X	HOSPITAL ACTIVE TREATMENT REQUIREMENT	11/78	BPO	02/82	83
HCFA-1954-C (U3)	X	SNF NONCOVERED LEVEL OF CARE	11/78	BPO	02/82	84
HCFA-1954-D (U3)	X	HHA SERVICES DO NOT REQUIRE SKILLED CARE	11/78	BPO	02/82	84
HCFA-1954-E (U3)	X	NOTICE OF MEDICARE DECISION	08/77	BPO	07/84	85
HCFA-1955 (C3)		NOTICE OF MEDICARE CLAIM DETERMINATION	08/77	BPO	07/84	
HCFA-1955 (U3)		NOTICE OF MEDICARE CLAIM DETERMINATION	08/78	BPO	07/84	
HCFA-1955-A (U3)	X	HOSPITAL NONCOVERED LEVEL OF CARE	11/78	BPO	02/82	84
HCFA-1955-B (U3)	X	FURTHER HOSPITAL SERVICES NOT MEDICALLY NEEDED	08/77	BPO	02/82	84
HCFA-1955-C (U3)	X	HOSPITAL LACK OF MEDICAL NECESSITY	11/78	BPO	02/82	83
HCFA-1955-D (U3)	X	HOSPITAL CONTINUING ACTIVE TREATMENT	11/78	BPO	02/82	84
HCFA-1955-E (U3)	X	SNF NONCOVERED LEVEL OF CARE	11/78	BPO	02/82	84
HCFA-1955-F (U3)	X	FURTHER SNF SERVICES NOTICE	08/77	BPO	02/82	84
HCFA-1955-G (U3)	X	SNF LACK OF MEDICAL NECESSITY	11/78	BPO	02/82	84
HCFA-1955-H (U3)	X	HHA SERVICES DIDN'T REQUIRE SKILLS PROVIDED	11/78	BPO	02/82	84

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HCFA-1956-I (U3)	X	HHA NUMBER OF VISITS IS EXCESS	11/78	BPO	02/82	84
HCFA-1957 (U3)		SOCIAL SECURITY RPT OF STATE BUY-IN PROBLEM	11/80	BPO	11/80	
HCFA-1960 (SH)		REQUEST FOR EVIDENCE OF MEDICAL NECESSITY	05/69	BPO	06/84	
HCFA-1966 (SM)		HEALTH INSURANCE CARD	07/88	BPO	07/88	
HCFA-1966 (SM)	X	SELF-MAILER FOR REPLACEMENT OF HI CARD	09/78	BPO	08/78	82
HCFA-1966 (CD)	X	HEALTH INSURANCE CARD	09/83	BPO	08/84	89
HCFA-1966-PR (CD)		HEALTH INSURANCE CARD	03/83	BPO	02/89	
HCFA-1980 (U3)		CARRIER OR INTERMEDIARY REQUEST FOR SSO ASSIST	03/78	BPO	07/84	
HCFA-2007 (U5)		PROVIDER TIE IN NOTICE	03/82	BPO	03/82	
HCFA-2017 (BK)	X	COST REPORT FORM	06/73	BPO	07/76	82
HCFA-2087 (SH)	X	HISTORY LINE ITEM RECORD CORRECTION	11/77	BPO	08/78	82
HCFA-2128 (SH)	X	HIIB TRANSCRIBING UNIT WORKLOAD	04/73	BPO	06/75	82
HCFA-2158 (CD)	X	RECON BRANCH HEARING CONTROL/STATUS CARD	02/78	BPO	03/79	83
HCFA-2166 (SH)	X	MED INS BENEFITS CORRESPONDENCE RECEIPTS	08/78	BPO	09/78	83
HCFA-2174 (SH)	X	QUARTERLY REPORT OF CARRIER OVERPAYMENT	03/78	BPO		86
HCFA-2174 (SH)		QUARTERLY REPORT OF CARRIER OVERPAYMENT	11/85	BPO	11/81	

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HCFA-2178 (U4)		HIB/SMIB PROBLEM REFERRAL	05/85	BPO	03/84	
HCFA-2242 (SH)		CLAIMS WORKLOAD	09/77	BPO	02/79	
HCFA-2284 (SH)	X	REPORT CONTROL	12/74	BPO	01/75	82
HCFA-2286 (SH)	X	ANALYST PROJECT CONTROL	12/74	BPO	01/75	82
HCFA-2288 (SH)	X	MASTER PROJECT CONTROL	12/74	BPO	01/75	82
HCFA-2327 (U2)		RQST FOR EVIDENCE FOR ASSISTANCE OVERPAYMENT	03/82	BPO	05/84	
HCFA-2371-A (U4)	X	RECONSIDERATION DETERMINATION	08/80	BPO	09/81	82
HCFA-2382 (U2)		INTERMEDIARY TRANSMITTAL (OVERPAYMENT)	08/80	BPO	09/84	
HCFA-2384 (U2)		THIRD PARTY PREMIUM BILLING REQUEST	03/87	BPO		
HCFA-2384 (U2)	X	THIRD PARTY PREMIUM BILLING REQUEST	09/80	BPO	02/86	87
HCFA-2442 (SH)	X	PART/A RECONSIDERATION STATUS	11/79	BPO	05/83	86
HCFA-2467 (SH)		RQST FOR HIMBRSSR INFORMATION OR HI CARD	01/77	BPO	02/86	
HCFA-2468-2468A (C1)	X	NOTICE OF COLLECTION OF MEDICAL INS PREMIUMS	02/74	BPO	10/80	81
HCFA-2501 (U4)		RECONSIDERATION DETERMINATION	01/72	BPO	10/81	
HCFA-2510 (SH)	X	CHECK RECORD TURNAROUND WORKSHEET	02/72	BPO	08/77	78
HCFA-2511 (SH)	X	PAYMENT RECORD TURNAROUND	02/72	BPO	07/76	82

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-2553 (SH)	X	BUDGET DISTRIBUTION PLAN OF EXPENDITURE	09/79	BPO	10/79	82
HCFA-2554 (SH)		BUDGET DISTRIBUTION PLAN OF EXPENDITURE	09/79	BPO	10/79	
HCFA-2562 (SH)	X	MEDICAL EVALUATIONN	09/78	BPO	09/78	82
HCFA-2579 (SH)	X	HHA INPUT STATISTICAL DATA	02/76	BPO	03/78	83
HCFA-2580 (SH)		COST CLASSIFICATION REPORT	09/79	BPO	10/79	
HCFA-2584 (SH)	X	MONTHLY COST REPORT CUMULATIVE	02/76	BPO	02/76	82
HCFA-2589 (LB)		HI MAGNETIC TAPE LABEL	08/79	BPO	06/84	
HCFA-2590 (SH)		CARRIER APPEAL REPORT	06/84	BPO	07/84	
HCFA-2628 (SH)		FOREIGN HI CLAIM ACCESSIBILITY	01/80	BPO	11/73	
HCFA-2645 (SH)	X	PRACTICAL NURSE RQST TO ESTABLISH ELIGIBILITY	11/75	BPO	12/76	82
HCFA-2649 (U2)		REQUEST FOR RECONSIDERATION PART/A	08/79	BPO	29/E3	
HCFA-2652-A (C2)	X	HOSPITAL INSURANCE TERMINATION RECORD	09/78	BPO	11/78	83
HCFA-2653-2653A (C1)		HOSPITAL INSURANCE TERMINATION NOTICE	09/78	BPO	11/78	
HCFA-2654-2654A (C1)		HOSPITAL INSURANCE TERMINATION NOTICE	07/78	BPO	03/80	
HCFA-2685 (SH)	X	MONTHLY STATUS REPORT	10/77	BPO	10/77	82
HCFA-2687 (C1)		NOTICE OF MEDICARE ENROLLMENT	10/78	BPO	08/81	

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-2688-2688A (C1)		NOTICE/RECORD TERMINATION HIB	07/78	BPO	12/79	
HCFA-2690 (CD)		REQUEST FOR CANCELLATION OF SMI	03/78	LPO	02/86	
HCFA-2702 (SH)	X	REVERSAL ACTION NOTIFICATION	03/73	BPO	04/73	82
HCFA-2728 (U4)	X	CHRONIC RENAL DISEASE MEDICAL EVIDENCE REPORT	06/81	BPO	04/83	87
HCFA-2728 (U4)		CHRONIC RENAL DISEASE MEDICAL EVIDENCE	08/87	BPO	01/89	
HCFA-2786-E (SH)	X	FIRE SAFETY SURVEY	10/77	BPO	10/77	82
HCFA-2806 (SH)	X	80 COLUMN CODING SHEET PART/B	01/74	BPO	04/75	82
HCFA-2891 (SH)		CRITICAL CASE REFERRAL	01/82	BPO	12/81	
HCFA-3043 (BK)		MONTHLY CONTRACTOR FINANCIAL REPORT	09/74	BPO	06/81	
HCFA-3047 (SH)	X	HOME HEALTH STUDY	08/74	BPO	05/84	86
HCFA-3058 (SH)		MONTHLY PERIODIC INTERIM PAYMENT REPORT	04/79	BPO	09/79	
HCFA-3080 (U3)		PROVIDER OVERPAYMENT CAST TRANSMITTAL	02/80	BPO	02/80	
HCFA-3097 (SH)	X	REJECTED PT/B PAYMENT RECORD	02/75	BPO	02/76	82
HCFA-3134 (SH)	X	REQUEST FOR BCM TELETYPE MESSAGE	04/75	BPO	05/75	82
HCFA-3191 (U4)	X	TRANSMITTAL FOR PAYMENT VOUCHERS	04/78	BPO	05/78	83
HCFA-3205 (SH)	X	CASH MANAGEMENT REPORT	10/75	BPO	06/76	82

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-3208 (SH)	X	PROVIDER AUDIT COST	02/80	BPO	03/80	82
HCFA-3230 (SH)	X	TYPING INSTRUCTION	01/76	BPO	02/76	82
HCFA-3242 (SH)	X	SCHEDULE 1 HOSPITAL SUPPLEMENT	01/76	BPO	09/77	83
HCFA-3243 (SH)	X	SUBCONTRACT SCHEDULE HOSPITAL SMI	01/76	BPO	09/77	82
HCFA-3258 (SH)	X	SCHEDULE OF NET HOURS AVAILABLE	09/77	BPO	09/77	82
HCFA-3259 (SH)	X	FACILITIES AND OCCUPANCY SCHEDULE	09/79	BPO	10/79	83
HCFA-3265 (CD)	X	RECONSIDERATION BRANCH FILE CONTROL CARD	03/76	BPO	03/79	83
HCFA-3274 (SH)		CORRECTION INPUT DATA	02/80	BPO	07/80	
HCFA-3286 (SH)	X	MONTHLY ACTUARIAL SAMPLE	06/76	BPO	07/76	82
HCFA-3288 (TR)	X	PT/B PROJECT MANAGEMENT SYSTEM	03/76	BPO	05/81	82
HCFA-3289 (BK)	X	SURVEY QUESTIONNARE FOR BUDGET	03/76	BPO	06/76	82
HCFA-3331 (SH)	X	PROJECT STATUS REPORT	05/76	BPO	05/76	82
HCFA-3345 (SH)		TRANSMITTAL FOR INCOMPLETE SMI ENROLLMENT	02/82	BPO	04/84	
HCFA-3352 (SH)	X	TRANSMITTAL & CONTACT CONTROL	05/76	BPO	06/76	82
HCFA-3361 (SH)		HEALTH PREPAYMENT PLAN TRANSMITTAL	10/83	BPO	10/83	
HCFA-3362 (SH)	X	PMS INPUT FORM	12/77	BPO	12/77	82

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HCFA-3364-T (BK)	X	FSV 1979 PREVAILING CHARGE SUMMARY	04/78	BPO	04/78	82
HCFA-3393 (SH)	X	MODEL SYSTEM INPUT	08/76	BPO	09/76	82
HCFA-3429 (SH)	X	PT/B MODEL SYSTEM CHANGE NOTICE	09/76	BPO	09/76	82
HCFA-3444 (SH)		OPTIONAL DATE CARD LOADSHEET	11/77	BPO	09/80	
HCFA-3445 (SH)	X	OPTIONAL ANALYSIS TITLES LOADSHEET	11/77	BPO	09/80	86
HCFA-3509 (SH)	X	HEALTH INSURANCE APPEAL CASE FOLDER	12/82	BPO	09/84	88
HCFA-3577 (SH)	X	NONPROVIDER OVERPAYMENT RECOVERY	07/77	BPO	08/77	82
HCFA-3577-A (SH)	X	NON-PROVIDER OVERPAYMENT RECOVERY	06/78	BPO	07/78	82
HCFA-4040 (SH)		REQUEST FOR ENROLLMENT IN SMI	05/87	BPO		
HCFA-4040 (SH)	X	REQUEST FOR ENROLLMENT IN SMI	06/84	BPO	06/84	87
HCFA-4040-SP (SH)	X	REQUEST FOR ENROLLMENT IN SMI	05/78	BPO	05/83	87
HCFA-4040-SP (SH)		REQUEST FOR ENROLLMENT IN SMI	05/87	BPO		
HCFA-L4200 (SH)		MEDICARE NOTICE	11/81	BPO	05/83	
HCFA-L4200-SP (SH)	X	MEDICARE NOTICE	03/79	BPO	11/80	83
HA5011 (U6)		REQUEST FOR HEARING PT/A HI BENEFITS	06/86	BPO		
HA 5011 (U6)	X	REQUEST FOR HEARING PT/A HI BENEFITS	10/82	BPO	07/84	87

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HA 5011-SP (U6)		REQUEST FOR HEARING - SPANISH	07/81	BPO	02/82	
TFS 5401 (U4)		PAYMENT VOUCHER ON LETTER OF CREDIT	06/81	BPO		
HCFA-8063 (SH)		INTERNAL TEMPORARY HI RECORD	06/81	BPO	06/83	

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-41 (SH)		QUARTERLY SHOWING	12/81	BQC	12/81	
HCFA-50 (SH)	X	OPI MEDICAID/MEDICARE FRAUD REPORT	08/78	BQC	01/79	82
HCFA-52 (SH)	X	PROGRAM INTEGRITY ACTIVITY REPORT	03/82	BQC	03/82	84
HCFA-53 (SH)	X	RECIPIENT FRAUD SUMMARY REPORT	08/78	BQC	01/79	82
HCFA-54 (SH)	X	OPI FRAUD INVESTIGATION ACTIVITY	08/78	BQC	01/79	82
HCFA-59 (SH)	X	R/O QUARTERLY WORKLOAD REPORT	08/78	BQC	01/79	85
HCFA-60 (SH)	X	POSTPAYMENT MEDICAL REVIEW SUMMARY REPORT	08/78	BQC	01/79	85
HCFA-71 (SH)	X	WORKLOAD PROJECTION REPORT	11/78	BQC	12/78	82
HCFA-151 (SH)		GRANT AWARDS LETTER	04/87	BQC	06/87	
HCFA-L151 (C1)		GRANT AWARDS LETTER	07/88	BQC	07/88	
HCFA-154 (SH)	X	QC FEDERAL NEGATIVE CASE ACTION MONITOR	09/79	BQC	10/79	83
HCFA-183 (SH)	X	EPSDT INFORMING REVIEW SCHEDULE	04/80	BQC	06/80	81
HCFA-184 (SH)	X	EPSDT SAMPLE CASE CONTROL LOG	04/80	BQC	05/80	83
HCFA-185 (SH)		EPSDT QC DATA RETRIEVAL WORKSHEET	04/80	BQC	06/80	
HCFA-186 (SH)		EPSDT ADMINISTRATIVE INFORMATION REVIEW SCHEDULE	04/80	BQC	06/80	
HCFA-187 (SH)		EPSDT SERVICES REVIEW SCHEDULE	08/80	BQC	09/80	

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HCFA-224 (SH)		HOSPITAL CREP INTERMEDIARY EVALUATION	09/80	BQC	10/80	
HCFA-225 (SH)		HOSPITAL CREP PROVIDER SUMMARY	08/80	BQC	10/80	
HCFA-226 (SH)		EVALUATION QUESTIONNAIRE RESULTS	08/80	BQC	10/80	
HCFA-227 (SH)		HOSPITAL COST REPORT OVERVIEW	08/80	BQC	10/80	
HCFA-228 (SH)		HOSPITAL BASED HHA COST REPORT OVERVIEW	08/80	BQC	10/80	
HCFA-229 (SH)		HOSPITAL CREP REPORT OF FINDINGS	08/80	BQC	10/80	
HCFA-301 (BK)	X	CROSS REF SSA-4357 MEDICAID QC	03/78	BQC	03/82	87
HCFA-301-A (BK)	X	MQC FACE SHEET	03/78	BQC	03/82	83
HCFA-301-A (BK)		MQC FACE SHEET	05/85	BQC		
HCFA-301-B (SH)	X	MEDICAID QC CASE LIABILITY	03/78	BQC	03/82	84
HCFA-301-C (U4)	X	THIRD PARTY RESOURCE WORKSHEET	09/80	BQC	02/82	83
HCFA-301-D (SH)	X	THIRD PARTY LIABILITY WORKSHEET	03/78	BQC	03/82	83
HCFA-301-EI (SH)	X	CLAIMS PROCESSING QC WORKSHEET	03/78	BQC		84
HCFA-301-EII (SH)	X	DOLLAR ERROR AMOUNT WORKSHEET	03/78	BQC	02/82	83
HCFA-301-F (SH)	X	UNDUPLICATED DOLLAR AMOUNT WORKSHEET	03/78	BQC	03/82	83
HCFA-302 (SH)		MEDICAID QC RPTS, HCFA-302 THRU 312	01/82	BQC	01/82	

HEALTH CARE FINANCING ADMINISTRATION
FORMS INFORMATION SYSTEM (FIS)
CATALOG OF FORMS FOR .. BQC

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-313 (BK)		MEDICAID QC FEDERAL MONITORING SCHEDULE	10/85	BQC	11/83	
HCFA-316 (SE)		WORKSHEET FOR INTEGRATED AFDC	12/82	BQC	06/81	
HCFA-319 (SH)		STATE MEDICAID QC SAMPLE	03/82	BQC	03/82	
HCFA-321 (SH)	X	MEDICAID QC DISPOSITION	08/81	BQC	08/81	84
HCFA-331 (SH)	X	CLAIMS PROCESSING REVIEW SCHEDULE	08/81	BQC	06/82	88
HCFA-331 (SH)		CLAIMS PROCESSING ASSESSMENT SYSTEM REVIEW SCHEDULE	09/86	BQC	09/86	
HCFA-335 (SH)	X	QUESTIONNAIRE ON MEDICAID STATE AGENCY	11/81	BQC	11/81	83
HCFA-464 (BK)		MEDICAID STATE AGENCY THIRD PARTY LIABILITY INVENTORY	12/86	BQC	02/87	
HCFA-537 (SH)	X	BILL REVIEW DOCUMENTATION SUMMARY	05/86	BQC	06/86	87
HCFA-537 (SH)		BILL REVIEW DOCUMENTATION SUMMARY	06/88	BQC		
HCFA-537 (SH)	X	BILL REVIEW DOCUMENTATION SUMMARY	10/87	BQC		88
HCFA-L957 (SH)	X	BHI APPLICATION AND C&T CORRECTION FORM	08/69	BQC	07/75	82
HCFA-1252-B (SH)	X	BHI CORRESPONDENCE CONTROL SHEET	01/73	BQC	08/75	82
HCFA-1565-B (SH)	X	QUARTERLY SUPPLEMENT TO CARRIER PERFORMANCE RPT	03/85	BQC	01/85	86
HCFA-1566 (SH)	X	MEDICARE PROGRAM INTERMEDIARY WORKLOAD REPORT	08/81	BQC		87
HCFA-1566-B (SH)	X	QUARTERLY SUPPLEMENT TO INTERMEDIARY WORKLOAD	02/85	BQC	02/85	86

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-1700 (SH)	X	PUNCH CARD PREPARATION PROGRAM	08/70	BQC	12/76	82
HCFA-2014 (U5)	X	NOTICE OF PROGRAM INTEGRITY	07/76	BQC	07/76	81
HCFA-2310 (SH)	X	PHS PHYSICAL THERAPY EXAM	11/75	BQC	12/75	82
HCFA-2310-A (SH)	X	PHS PHYSICAL THERAPY EXAM	11/75	BQC	12/75	82
HCFA-2548 (BK)	X	HOSPITAL DATA PROFILING	02/79	BQC	03/79	81
HCFA-2549 (BK)	X	HOSPITAL DATA PROFILE	02/79	BQC	02/79	81
HCFA-2550 (U5)	X	HOSPITAL DATA PROFILE EXTRACT	01/78	BQC	02/79	81
HCFA-2734 (SH)	X	AFFIDAVIT	05/73	BQC	01/76	82
HCFA-2799 (SH)		REVIEW DATE CARD LOADSHEET	09/80	BQC	09/80	
HCFA-2803 (SH)		ANALYSIS DATE CARD LOADSHEET	11/77	BQC	09/80	
HCFA-2817 (C2)	X	CLAIMS ADJUDICATION QUALITY REVIEW	04/79	BQC	09/79	87
HCFA-2817 (C2)		CLAIMS ADJUDICATION QUALITY REVIEW	04/87	BQC		
HCFA-2817 (U2)		CLAIMS ADJUDICATION QUALITY REVIEW	09/85	BQC	06/84	
HCFA-2817 (C2)	X	CLAIMS ADJUDICATION QUALITY REVIEW	09/85	BQC	06/84	87
HCFA-2879 (SH)	X	FACT SHEET	06/74	BQC	02/75	82
HCFA-3177 (CD)		CREDENTIAL CARD	03/82	BQC	03/82	

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-4641 (SH)		AUTHORIZATION TO OBTAIN PERSONAL INFORMATION	04/82	BQC	05/82	

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CATALOG OF FORMS FOR .. HHS

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
OF 11 (U3)	X	REFERENCE REQUEST	02/71	HHS	06/85	87
HHS 441 (SH)		ASSURANCE OF COMPLIANCE	12/82	HHS	01/85	
HHS 441-A (SH)		EXPLANATION OF HHS-441 (INSTRUCTIONS)	03/81	HHS	01/85	
HHS 508 (SH)		CONFERENCE AND CALL RECORD	03/81	HHS	10/83	

HEALTH CARE FINANCING ADMINISTRATION
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CATALOG OF FORMS FOR .. HSQB

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-28 (U4)		REQUEST TO ESTABLISH ELIGIBILITY	05/78	HSQB	12/79	
HCFA-30 (BK)	X	RURAL HEALTH CLINIC SURVEY	05/78	HSQB	12/85	87
HCFA-30-E (SH)	X	CRUCIAL DATA EXTRACT	03/82	HSQB	02/80	85
HCFA-30-E (SH)	X	CRUCIAL DATA EXTRACT	05/85	HSQB	/	88
HCFA-77-A (SH)	X	TRAINING CERTIFICATE HSQB	05/79	HSQB	05/79	82
HCFA-111 (SH)	X	PSRO ROUTINE FEDERAL REPORTING REQUIREMENT	08/78	HSQB	08/78	83
HCFA-112 (SH)	X	PSRO ROUTINE FEDERAL REPORTING REQUIREMENT	08/78	HSQB	08/78	83
HCFA-119-A (SH)	X	HOME DIALYSIS TARGET RATE REIMBURSEMENT	09/80	HSQB	12/80	83
HCFA-121 (SH)	X	PSRO ROUTINE FEDERAL REPORTING REQUIREMENT	08/78	HSQB	08/78	83
HCFA-122 (SH)	X	PSRO ROUTINE FEDERAL REPORTING REQUIREMENT	08/78	HSQB	08/78	83
HCFA-131 (SH)	X	PSRO ROUTINE FEDERAL REPORTING REQUIREMENT	08/78	HSQB	08/78	83
HCFA-132 (BK)		SURVEYOR INVENTORY MARCH 1983	01/83	HSQB	02/83	
HCFA-135 (SH)	X	PSRO ROUTINE FEDERAL REPORTING REQUIREMENTS	08/78	HSQB	08/78	83
HCFA-141 (SH)	X	PSRO ROUTINE FEDERAL REPORTING REQUIREMENT	08/78	HSQB	08/78	83
HCFA-L155-T (SH)	X	LETTER TO ADMINISTRATOR	01/80	HSQB	02/80	83
HCFA-155-T (SH)	X	OPERATING ROOM CIRCULATING PERSONNEL DUTIES	01/80	HSQB	02/80	83

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-155-TA (PC)	X	OPERATING ROOM PERSONNEL QUESTIONNAIRE	01/80	HSQB	02/80	83
HCFA-197 (SH)		LICENSURE RECOMMENDATION CLIA	10/82	HSQB	10/82	
HCFA-198 (U4)		REQUEST FOR CLIA LABORATORY INSPECTION	10/82	HSQB	10/82	
HCFA-200 (U2)		APPLICATION FOR INITIAL OR RENEWAL OF EXEMPTION	10/82	HSQB	10/82	
HCFA-201 (SH)		APPLICATION FOR RENEWAL OF LICENSE	10/82	HSQB	10/82	
HCFA-202 (U2)		APPLICATION UNDER CLINICAL LAB, ACT 67	10/82	HSQB	10/82	
HCFA-203 (SH)		SERVICES OFFERED IN INTERSTATE COMMERCE	04/86	HSQB		
HCFA-203 (SH)	X	SERVICES OFFERED IN INTERSTATE COMMERCE	10/82	HSQB	02/84	87
HCFA-L206 (SH)	X	CLIA 67 INITIAL APPLICATION COVERAGE	09/79	HSQB	04/80	83
HCFA-206 (SH)		APPLICATION FOR LICENSURE UNDER CLIA, ACT 67	10/82	HSQB		
HCFA-207 (SH)	X	REPORT OF ACTUAL NUMBER OF SPECIMENS	09/81	HSQB	09/81	82
HCFA-208 (SH)	X	APPLICATION FOR RENEWAL OF EXEMPTION	09/79	HSQB	03/80	82
HCFA-209 (U2)		LABORATORY PERSONNEL REPORT	10/82	HSQB	10/82	
HCFA-L210 (SH)	X	CLIA LOW VOLUME EXEMPTION 1981	03/80	HSQB	04/80	83
HCFA-211 (SH)		CLINICAL LABORATORIES LICENSE	03/81	HSQB	02/84	
HCFA-262 (U5)	X	RQST TO ESTABLISH ELIG IN MEDICARE AS PT	05/84	HSQB	08/82	88

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-262 (U5)		RQST TO ESTABLISH ELIG IN MEDICARE AS PT	11/88	HSQB		
HCFA-282 (BK)		BLOOD BANK INSPECTION CHECKLIST & REPORT	11/84	HSQB	12/84	
HCFA-291 (SH)	X	STUDY OF UNENTITLED ESRD POPULATION	09/81	HSQB	09/81	83
HCFA-299 (SH)	X	ANCILLARY SERVICES STUDY, HCFA-299,299A,299B	11/81	HSQB	11/81	83
HCFA-330 (SH)	X	EVAL OF NY LONGTERM HH CARE PR	12/81	HSQB	12/81	84
HCFA-359 (U4)		CORF REQUEST FOR CERTIFICATION	05/83	HSQB	05/83	
HCFA-360 (BK)	X	CORF SURVEY REPORT	05/83	HSQB	12/84	87
HCFA-360 (BK)		CORF SURVEY REPORT	06/87	HSQB		
HCFA-370 (SH)		HEALTH INSURANCE BENEFITS AGREEMENT	09/82	HSQB	09/82	
HCFA-377 (U4)		AMBULATORY SURGICAL CENTER REQUEST	12/82	HSQB	12/82	
HCFA-378 (BK)		AMBULATORY SURGICAL CENTER SURVEY REPORT	12/82	HSQB	12/82	
HCFA-381 (SH)		IDENTIFICATION OF EXTENSION UNITS	09/83	HSQB	09/83	
HCFA-384 (SH)	X	PSRO CASE SUMMARY	06/87	HSQB		88
HCFA-384 (SH)		PSRO CASE SUMMARY	06/88	HSQB		
HCFA-417 (U5)		HOSPICE REQUEST FOR CERTIFICATION IN MEDICARE	04/84	HSQB	04/84	
HCFA-422 (SH)		EVALUATION OF TRAINING PROGRAM	09/83	HSQB	09/83	

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-423 (SH)		SURVEYOR PARTICIPANT REACTION SHEET	09/83	HSQB	09/83	
HCFA-434 (SH)		CERTIFICATION WORKLOAD REPORT FORM	03/84	HSQB	04/84	
HCFA-435 (SH)		CERTIFICATION BUDGET EXPENDITURE REPORT FORM	03/84	HSQB	04/84	
HCFA-437 (BK)		PSYCHIATRIC UNIT CRITERIA WORKSHEET	01/85	HSQB	03/85	
HCFA-437-A (BK)	X	REHAB HOSPITAL & UNIT CRITERIA WORKSHEET	01/85	HSQB	03/85	86
HCFA-437-B (SH)		DRUG ALCOHOL HOSPITALS & DRUG ALCOHOL UNIT	01/85	HSQB	03/85	
HCFA-443 (C3)	X	HHA MEDICAL INFO FORM & PLAN OF TREATMENT	08/84	HSQB	01/85	85
HCFA-443 (U3)	X	HHA MEDICAL INFORMATION FORM & PLAN OF TREATMENT	08/84	HSQB	08/84	85
HCFA-444 (SH)	X	INTERMEDIARY MEDICAL INFORMATION REQUEST	08/84	HSQB	08/84	85
HCFA-449 (BK)		HOSPICE SURVEY REPORT	11/84	HSQB	12/84	
HCFA-462 (SH)	X	ADVERSE ACTION	01/86	HSQB		88
HCFA-462 (SH)	X	ADVERSE ACTION	07/84	HSQB	09/84	88
HCFA-462 (U2)		ADVERSE ACTION EXTRACT	12/88	HSQB	12/88	
HCFA-485 (C4)	X	HOME HEALTH CERIFICATION & PLAN OF TREATMENT	04/85	HSQB	04/85	87
HCFA-485 (U4)	X	HOME HEALTH CERTIFICATION & PLAN OF TREATMENT	04/85	HSQB	04/85	87
HCFA-485 (C4)		HOME HEALTH CERTIFICATION & PLAN OF TREATMENT	04/87	HSQB		

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-485 (U4)		HOME HEALTH CERTIFICATION & PLAN OF TREATMENT	04/87	HSQB		
HCFA-486 (C3)	X	MEDICAL UPDATE & PATIENT INFORMATION	04/85	HSQB	05/85	87
HCFA-486 (U3)	X	MEDICAL UPDATE & PATIENT INFORMATION	04/85	HSQB	05/85	87
HCFA-486 (C3)		MEDICAL UPDATE & PATIENT INFORMATION	04/87	HSQB		
HCFA-486 (U3)		MEDICAL UPDATE & PATIENT INFORMATION	04/87	HSQB		
HCFA-487 (C4)	X	PLAN OF TREATMENT MEDICAL UPDATE & PATIENT	04/85	HSQB	04/85	87
HCFA-487 (U4)	X	PLAN OF TREATMENT MED UPDATE AND PATIENT	04/85	HSQB	04/85	87
HCFA-487 (C4)		PLAN OF TREATMENT MEDICAL UPDATE & PATIENT	04/87	HSQB		
HCFA-487 (U4)		PLAN OF TREATMENT MEDICAL UPDATE & PATIENT	04/87	HSQB		
HCFA-488 (U2)	X	HHA INTERMEDIARY MEDICAL INFORMATION REQUEST	04/85	HSQB	04/85	87
HCFA-488 (U2)		HHA INTERMEDIARY MEDICAL INFORMATION REQUEST	04/87	HSQB		
HCFA-519 (BK)	X	MEDICARE/MEDICAID SNF/ICF SURVEY REPORT PT/B	02/86	HSQB	07/86	88
HCFA-519 (BK)		MEDICARE/MEDICAID SNF/ICF SURVEY REPORT PT/B	07/88	HSQB		
HCFA-520 (SH)		RESIDENTS SELECTED FOR INDEPTH REVIEW	02/86	HSQB	07/86	
HCFA-521 (SH)	X	TOUR NOTES WORKSHEET	02/86	HSQB	07/86	88
HCFA-521 (SH)		TOUR NOTES WORKSHEET	07/88	HSQB		

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-522 (SH)		DRUG PASS WORKSHEET	02/86	HSQB	07/86	
HCFA-523 (SH)		DINING AREA & EATING ASSISTANCE WORKSHEET	02/86	HSQB	07/86	
HCFA-524 (SH)		OBSERVATION/INTERVIEW RECORD REVIEW WORKSHEET	02/86	HSQB	07/86	
HCFA-524 (SH)		OBSERVATION/INTERVIEW RECORD REVIEW WORKSHEET	07/88	HSQB		
HCFA-525 (BK)	X	MEDICARE/MEDICAID SNF/ICF SURVEY REPORT PT/A	02/86	HSQB	07/86	88
HCFA-525 (BK)		MEDICARE/MEDICAID SNF/ICF SURVEY REPORT PT/A	07/88	HSQB		
HCFA-534 (SH)		FEDERAL SURVEY DATA EXTRACT SHEET	12/85	HSQB		
HCFA-538 (SH)	X	SURVEYOR CHARACTERISTICS AND TRAINING QUESTIONNAIRE	04/86	HSQB	06/86	87
HCFA-538 (SH)		SURVEYOR CHARACTERISTICS AND TRAINING QUESTIONNAIRE	10/87	HSQB		
HCFA-562 (U4)		MEDICARE/MEDICAID COMPLAINT FORM	02/87	HSQB	01/87	
HCFA-576 (U3)		APPLICATION FOR ORGAN PROCUREMENT	08/87	HSQB	08/87	
HCFA-576-A (SH)		AGREEMENT NOTICE FOR HCFA-576	08/87	HSQB	08/87	
HCFA-618 (BK)		PRO BUDGET AND COST REPORT SUMMARY	08/88	HSQB	08/88	
HCFA-636 (U2)		TRANSMITTAL NOTICE HEARING CASE	06/88	HSQB		
HCFA-L1003 (C3)	X	LETTERHEAD STATIONERY HSQB	04/81	HSQB	04/81	84
HCFA-1465 (SH)		STATE SURVEY AGENCY BUDGET REQUEST	08/76	HSQB		

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-1465-A (SH)		STATE AGENCY BUDGET LIST OF POSITIONS	06/71	HSQB		
HCFA-1467 (SH)		STATE SURVEY AGENCY BUDGET NOTICE OF APPROVAL	08/76	HSQB		
HCFA-1469 (SH)		FINANCIAL ACCOUNTABILITY STATEMENT	01/68	HSQB		
HCFA-1469-A (SH)		STATE SURVEY QUARTERLY EXPENDITURE REPORT	08/76	HSQB		
HCFA-1513 (US)		OWNERSHIP & CONTROL INTEREST DISCLOSURE STATEMENT	05/86	HSQB	06/86	
HCFA-1513 (US)	X	OWNERSHIP & CONTROL INTEREST DISCLOSURE STATEMENT	12/84	HSQB	05/81	86
HCFA-1514 (US)		HOSPITAL REQUEST TO ESTABLISH ELIGIBILITY	04/86	HSQB		
HCFA-1514 (US)	X	HOSPITAL REQUEST TO ESTABLISH ELIGIBILITY	10/80	HSQB	11/83	86
HCFA-1515 (US)		HHA RQST TO ESTABLISH ELIGIBILITY	10/80	HSQB	11/83	
HCFA-1516 (US)		LONG TERM CARE FACILITY REQUEST FOR CERTIFICATION	02/86	HSQB		
HCFA-1516 (US)	X	LONG TERM CARE FACILITY REQUEST FOR CERTIFICATION	10/80	HSQB	11/83	86
HCFA-1537 (BK)		HOSPITAL SURVEY REPORT	04/86	HSQB		
HCFA-1537 (BK)	X	HOSPITAL SURVEY REPORT	10/77	HSQB	04/81	86
HCFA-1537-A (BK)		MEDICARE/MEDICAID PSYCHIATRIC HOSPITAL SURVEY REPORT	04/86	HSQB	/	
HCFA-1537-A (BK)	X	PSYCHIATRIC HOSPITAL SURVEY REPORT	12/85	HSQB	05/81	86
HCFA-1537-B (BK)		TUBERCULOSIS HOSPITAL SURVEY REPORT	12/75	HSQB	11/79	

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-1537-C (BK)		HOSPITAL PROVIDER OF LTC (SWING-BED) REPORT	04/86	HSQB	07/86	
HCFA-1537-E (SH)	X	HOSPITAL SURVEY REPORT	10/77	HSQB	03/77	82
HCFA-1538-E (SH)	X	UTILIZATION REVIEW SURVEY REPORT	10/77	HSQB	03/77	82
HCFA-1539 (U5)		MEDICARE MEDICAID CERTIFICATION & TRANSMITTAL	07/84	HSQB	07/84	
HCFA-1539-A (U2)		CERTIFICATION AND TRANSMITTAL SPELL OF ILLNESS	06/83	HSQB	06/83	
HCFA-1540 (U2)		MEDICARE ESRD CERTIFICATION TRANSMITTAL	03/80	HSQB	11/83	
HCFA-1557 (BK)		CLINICAL LAB SURVEY REPORT	01/78	HSQB	04/81	
HCFA-1557-E (SH)	X	CLINCIAL LAB SURVEY CRUCIAL DATA EXTRACT	11/78	HSQB	08/78	83
HCFA-1561 (SH)	X	HEALTH INSURANCE BENEFIT AGREEMENT	03/85	HSQB	11/83	86
HCFA-1561 (SH)		HEALTH INSURANCE BENEFIT AGREEMENT	08/86	HSQB		
HCFA-1561-A (SH)	X	HEALTH INSURANCE BENEFITS AGREEMENT	09/79	HSQB	10/79	86
HCFA-1569 (BK)		SNF SURVEY REPORT	11/76	HSQB	11/83	
HCFA-1569-E (SH)	X	SNF SURVEY REPORT, CRUCIAL DATA EXTRACT	03/82	HSQB	11/83	85
HCFA-1571 (BK)	X	HHA PRE-SURVEY	04/79	HSQB	04/80	80
HCFA-1572 (BK)		HHA SURVEY REPORT	03/78	HSQB	11/83	
HCFA-1572-E (SH)		HHA REPORT CRUCIAL DATA EXTRACT	10/77	HSQB	10/77	

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-1086 (SH)		R/O RQST FOR ADDITIONAL INFORMATION	04/80	HSQB	05/80	
HCFA-1856 (U5)		RQST TO ESTABLISH ELIGIBILITY IN HI PROGRAM	10/80	HSQB	11/82	
HCFA-1880 (U4)		RQST FOR CERTIFICATION AS SUPPLIER OF SERVICES	10/80	HSQB	11/83	
HCFA-1882 (BK)		PORTABLE XRAY SURVEY REPORT	12/75	HSQB	11/83	
HCFA-1882-E (SH)	X	PORTABLE XRAY SURVEY REPORT	10/77	HSQB	10/77	82
HCFA-1893 (BK)		OUTPATIENT PHYSICAL THERAPY SURVEY	03/78	HSQB	11/83	
HCFA-1893-E (SH)	X	OUTPATIENT PHYSICAL THERAPY SURVEY REPORT	10/77	HSQB	10/77	82
HCFA-1979 (U6)		CORRESPONDENCE CONTROL RECORD	04/79	HSQB	05/80	
HCFA-2567 (U6)		STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION	10/84	HSQB	11/83	
HCFA-2567-A (U6)		STATEMENT OF DEFICIENCIES (CONTINUATION)	11/80	HSQB	12/81	
HCFA-2567-B (U6)		POST-CERTIFICATION REVISIT REPORT	08/79	HSQB	11/83	
HCFA-2567-D (C6)	X	STATEMENT OF DEFICIENCIES & PLAN	10/77	HSQB	09/77	82
HCFA-2567-E (U6)	X	SUMMARY OF DEFICIENCIES NOT COVERED	11/75	HSQB	09/77	82
HCFA-2572 (SH)		STATEMENT OF FINANCIAL SOLVENCY	04/81	HSQB	11/83	
HCFA-2625 (BK)	X	DRAFT RECONSIDERATION DETERMINATION	05/73	HSQB	06/75	82
HCFA-2646 (SH)	X	PHS PRACTICAL NURSE	11/75	HSQB	12/76	82

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-2672 (SH)		AUTHORIZATION TO DISCLOSE AOA SURVEY	07/78	HSQB	09/78	
HCFA-2674 (SH)	X	AUTHORIZATION TO DISCLOSE JCAH SURVEY	12/84	HSQB	09/78	88
HCFA-2786 (BK)	X	FIRE SAFETY SURVEY REPORT	03/78	HSQB	04/78	82
HCFA-2786-A (BK)		FIRE SAFETY SURVEY REPORT 1967 CODE	08/82	HSQB	07/84	
HCFA-2786-B (BK)		FIRE SAFETY SURVEY REPORT 1973 CODE	08/82	HSQB	03/84	
HCFA-2786-C (BK)		FIRE SAFETY SURVEY REPORT (SHORT FORM)	08/82	HSQB	08/82	
HCFA-2786-D (BK)		FIRE/SMOKE ZONE EVALUATION WORKSHEET	06/82	HSQB	11/83	
HCFA-2786-F (BK)	X	FIRE SAFETY SURVEY REPORT 1981 CODE	07/84	HSQB		86
HCFA-2786-F (BK)		FIRE SAFETY SURVEY REPORT 1981 CODE	12/85	HSQB	07/84	
HCFA-2786-G (BK)		FIRE SMOKE ZONE EVALUATION WORKSHEET 1981 CODE	07/84	HSQB	07/84	
HCFA-2786-H (BK)	X	FIRE SAFETY SURVEY REPORT AMBULATORY SURGICAL	07/84	HSQB	07/84	87
HCFA-2786-H (BK)		FIRE SAFETY SURVEY REPORT AMBULATORY SURGICAL	07/87	HSQB		
HCFA-2786-J (BK)		FIRE SAFETY SURVEY REPORT ICF/MR- SMALL FACILITIES	06/86	HSQB	06/86	
HCFA-2786-K (BK)		FIRE SAFETY SURVEY RPT-ICF/MR LARGE FACILITIES	06/86	HSQB	06/86	
HCFA-2786-L (BK)		FIRE SAFETY SURVEY RPT-ICF/MR APARTMENT BLDGS	06/86	HSQB	06/86	
HCFA-2786-M (SH)		FIRE SAFETY RPT-ICF/MR RATING RESIDENTS	06/86	HSQB	06/86	

HEALTH CARE FINANCING ADMINISTRATION
FORMS INFORMATION SYSTEM (FIS)
CATALOG OF FORMS FOR .. HSQB

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-2802 (SH)		REQUEST FOR VALIDATION OF ACCREDITATION	04/86	HSQB		
HCFA-2802 (SH)	X	REQUEST FOR VALIDATION OF ACCREDITATION	12/79	HSQB	01/80	86
HCFA-2815 (SH)		STATE SURVEY AGENCY BUDGET REQUEST	08/76	HSQB	09/82	
HCFA-2824 (SH)		STATE SURVEY AGENCY QUARTERLY REPORT	06/76	HSQB	07/76	
HCFA-2878 (SH)		ALLEGATIONS CONCERNING ACCREDITED HOSPITAL	04/86	HSQB		
HCFA-2878 (SH)	X	ALLEGATIONS CONCERNING ACCREDITED HOSPITAL	12/79	HSQB	01/80	87
HCFA-3042 (BK)	X	PHYSICAL THERAPIST IN INDEPENDENT PRACTICE REPORT	06/76	HSQB	12/81	88
HCFA-3059 (SH)	X	CYTOTECHNOLOGY REQUEST TO ESTABLISH ELIGIBILITY	07/75	HSQB	02/77	82
HCFA-3060 (SH)	X	CLINICAL LAB TECHNOLOGIST REQUEST	07/75	HSQB	09/78	82
HCFA-3061 (SH)	X	PHS CLINICAL LAB TECHNOLOGY EXAMINATION	01/76	HSQB	09/78	82
HCFA-3063 (SH)	X	PHS CYTOTECHNOLOGIST	01/76	HSQB	02/77	82
HCFA-3070 (BK)	X	GENERAL INTERMEDIATE CARE FACILITY	03/78	HSQB		86
HCFA-3070 (BK)	X	GENERAL INTERMEDIATE CARE FACILITY	06/84	HSQB	10/84	86
HCFA-3070-A (BK)	X	INSTITUTIONS FOR MENTALLY RETARDED SURVEY REPORT	05/79	HSQB	11/80	81
HCFA-3070-AE (SH)	X	ICF/MR SURVEY REPORT CRUCIAL DATA EXTRACT	11/79	HSQB	12/79	81
HCFA-3070-B (BK)		ICF FOR MENTALLY RETARDED	02/81	HSQB	03/84	

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CATALOG OF FORMS FOR .. HSQB

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-3070-C (BK)	X	ADDENDUM INSTRUCTION FOR ICF/MR	01/76	HSQB	04/79	81
HCFA-3070-D (BK)	X	ADDITIONAL GENERAL ICF/MR STANDARDS	01/82	HSQB	06/83	85
HCFA-3070-E (SH)	X	ICF/MR SURVEY REPORT	10/77	HSQB	10/77	82
HCFA-3070-G (BK)		ICF/MR SURVEY REPORT FORM	10/88	HSQB	09/88	
HCFA-3070-H (BK)		ICF/MR DEFICIENCIES REPORT	10/88	HSQB	09/88	
HCFA-3070-I (SH)		CLIENT OBSERVATION WORKSHEET	10/88	HSQB	09/88	
HCFA-3083 (BK)		LAB PERSONNEL QUALIFICATION APPRAISAL	01/85	HSQB	06/84	
HCFA-3213 (SH)	X	HOSPITAL INSTITUTIONAL PLANNING	03/80	HSQB	08/80	81
HCFA-3402 (U4)		REQUEST FOR APPROVAL AS A SUPPLIER OF SERVICES	02/86	HSQB		
HCFA-3402 (U4)		REQUEST FOR APPROVAL AS A SUPPLIER OF SERVICES	04/79	HSQB	02/86	
HCFA-3403 (BK)	X	REQUEST FOR ADVANCE APPROVAL	09/76	HSQB	08/76	81
HCFA-3427 (BK)	X	ESRD FACILITY SURVEY REPORT	05/81	HSQB	11/83	87
HCFA-3427 (BK)		ESRD FACILITY SURVEY REPORT	10/88	HSQB		
HCFA-3427 (BK)	X	ESRD FACILITY SURVEY REPORT	11/87	HSQB		88
HCFA-3427-A (BK)		ESRD FACILITY SURVEY REPORT ADDENDUM	10/88	HSQB	10/88	
HCFA-3604 (SH)	X	STATE SURVEY AGENCY MONTHLY SUMMARY	03/77	HSQB	03/77	82

FORM NUMBER OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-3509 (SH)	HEALTH INSURANCE APPEAL CASE FOLDER	06/88	HSQB		

HEALTH CARE FINANCING ADMINISTRATION
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CATALOG OF FORMS FOR .. OA

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-188 (SH)	X	DECISION OF THE ADMINISTRATOR	05/80	OA	09/81	83
HCFA-285 (SH)	X	QUESTIONNAIRE ON REGULATORY REFORM	06/81	OA	06/81	83

HEALTH CARE FINANCING ADMINISTRATION
FORMS INFORMATION SYSTEM (FIS)
CATALOG OF FORMS FOR .. OACT

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-475 (SH)		SURVEY OF PRIVATE HEALTH INSURANCE	12/84	OACT	03/85	
HCFA-L476 (SH)		FOLLOWUP LTR TO SURVEY OF PRIVATE HEALTH PLANS	12/84	OACT	02/84	
HCFA-2082 (BK)	X	STATISTICAL REPORT ON MEDICAL CARE	04/80	OACT	06/80	86
HCFA-2082-SUP (BK)		STAT RPT ON MEDICAL CARE:ELIGIBLES, RECIPIENTS, PAYMENTS	06/87	OACT	07/87	
HCFA-2082-84 (BK)		STATISTICAL REPORT ON MEDICAL CARE	10/84	OACT	10/84	

HEALTH CARE FINANCING ADMINISTRATION
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CATALOG OF FORMS FOR .. OBA

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-1 (SH)		REQUEST FOR FORMS ACTION	04/85	OBA	09/77	
HCFA-2 (SH)		INFORMATION FOR CLEARANCE OF PUBLIC USE FORMS	08/77	OBA	09/77	
HCFA-6 (U6)		NOTICE OF GRANT AWARD	09/84	OBA	10/81	
HCFA-7 (CD)		APPLICATION ACKNOWLEDGEMENT RECORD	09/79	OBA	09/83	
HCFA-10-APG (SH)		FEDERAL ASSISTANCE APPLICATION INSTRUCTIONS	02/81	OBA		
HCFA-10-APG (SH)		FEDERAL ASSISTANCE APPLICATION INSTRUCTIONS	03/87	OBA		
HCFA-10-PG (BK)	X	FEDERAL ASSISTANCE	10/84	OBA	10/83	88
OF 11 (U3)	X	REFERENCE REQUEST FEDERAL RECORD CENTER	09/79	OBA		87
HCFA-11-APG (BK)	X	FEDERAL ASSISTANCE APPLICATION INSTRUCTIONS	02/81	OBA	02/81	87
HCFA-11-PG (BK)	X	FEDERAL ASSISTANCE	10/84	OBA	02/81	87
HCFA-21 (SH)	X	PSRO COST CONTROL DATA	09/77	OBA	09/77	83
HCFA-26 (SH)	X	CLAIMS OPERATION BRANCH WEEKLY CONTROL	01/78	OBA	06/78	83
HCFA-27 (U3)		INDIVIDUAL PROPERTY RECEIPT	03/82	OBA	03/82	
HCFA-42 (C1)	X	NOTICE OF ANNUAL MEDICARE REIMBURSEMENT	03/78	OBA	08/78	82
HCFA-56 (LB)		HCFA MAILING LABEL	01/82	OBA	06/83	
HCFA-56-A (LB)	X	FIRST CLASS MAILING LABEL	04/79	OBA	04/79	85

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-56-B (LB)	X	THIRD CLASS MAILING LABEL	04/79	OBA	04/79	85
HCFA-56-C (LB)	X	FOURTH CLASS MAILING LABELS	04/79	OBA	04/79	85
HCFA-67 (SH)	X	R/O PERSONNEL STATUS REPORT	08/78	OBA	09/78	84
HCFA-68 (SH)	X	R/O PERSONNEL STATUS REPORT SUMMARY	08/78	OBA	09/78	84
HCFA-69 (SH)	X	SUPERVISORS TRAINING & EXPERIENCE	09/78	OBA	09/78	84
HCFA-76 (PC)		CHANGE OF ADDRESS POSTCARD	11/84	OBA		
HCFA-76-A (PC)		CHANGE OF ADDRESS CARD	06/80	OBA	10/81	
HCFA-77 (SH)	X	TRAINING CERTIFICATE (HEW)	11/78	OBA	10/79	82
HCFA-78 (SH)	X	TRAINING CERTIFICATE	11/78	OBA	04/83	87
RR 100 (C1)	X	MEDICARE HOSPITAL BENEFITS RECORD	09/81	OBA	10/81	83
HCFA-113 (CD)		QUARTERLY PIP REPORT CONTROL CARD	04/79	OBA	09/82	
HCFA-128 (SH)		RECORD OF EXIT INTERVIEW	05/81	OBA	05/81	
HCFA-129 (SH)		EMPLOYEE CLEARANCE & ACCOUNTABILITY FORM	05/81	OBA	05/81	
HCFA-133 (SH)		GRANT CONTROL LEDGER	08/79	OBA	10/79	
SF 135 (SH)		RECORDS TRANSMITTAL & RECEIPT	06/76	OBA	08/83	
SF 135-A (SH)	X	RECORDS TRANSMITTAL RECEIPT	06/76	OBA	06/85	87

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
SF 135-A (SH)		RECORDS TRANSMITTAL RECEIPT	07/85	OBA	/	
HCFA-137 (CD)	X	PROVIDER INDEX CARD	08/79	OBA	08/79	85
HCFA-139 (SH)		TELEPHONE SERVICE REQUEST	08/79	OBA	11/79	
HCFA-144 (U7)		FACILITIES MODIFICATION REQUEST	08/79	OBA	10/79	
HCFA-145 (SH)	X	APPLICATION FOR GOVERNMENT ID CARD	10/79	OBA	11/79	88
HCFA-145 (SH)		APPLICATION FOR GOVERNMENT ID CARD	10/88	OBA		
SF 147 (U8)	X	ORDER FOR SUPPLIES AND SERVICE	02/77	OBA	07/81	84
SF 148 (U8)	X	ORDER FOR SUPPLIES OR SERVICES	09/81	OBA	07/81	84
SF 148 (U8)		ORDER FOR SUPPLIES/SERVICES SCHEDULE CONTINIATION	09/81	OBA	10/87	
HCFA-150 (U3)		SUSPENSE NOTICE	08/79	OBA	09/79	
HCFA-L154 (SH)		REQUEST FOR MEDICARE PREMIUM PAYMENT	07/84	OBA	09/83	
HCFA-158 (U4)		CONFERENCE ROOM RESERVATION REQUEST	10/79	OBA	12/79	
HCFA-160 (U4)		APPLICATION FOR SPECIAL WOODLAWN PARKING	11/79	OBA	12/79	
HCFA-162 (SH)		BUREAU DIRECTORS CITATION	04/80	OBA	05/83	
HCFA-164 (CD)	X	RECEIPT FOR DELIVERY OF FORMS	11/79	OBA	02/80	82
HCFA-169 (SH)	X	EMPLOYEE REQUEST FOR BULLETIN BOARD POSTING	01/80	OBA	12/79	85

HEALTH CARE FINANCING ADMINISTRATION
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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-171 (SH)		RECOMMENDATION FOR CASH AWARD	06/82	OBA	06/82	
HCFA-172 (CD)	X	TELEPHONE LINE RECORD CARD	03/80	OBA	03/80	85
HCFA-182 (SH)		APPLICATION FOR PARKING	04/80	OBA	04/80	
HCFA-182-A (SH)		PRIVACY ACT STATEMENT FOR PARKING APPLICATION	04/80	OBA	04/80	
SF 215 (US)		DEPOSIT TICKET	05/78	OBA	09/87	
HCFA-219 (SH)		EMPLOYEE REPORT OF FOOD SERVICE	08/80	OBA	08/80	
HCFA-220 (SH)		MOTOR VEHICLE TRIP TICKET	09/80	OBA	10/80	
HCFA-230 (TC)		REIMBURSEABLE TIMECARD	09/80	OBA	11/80	
HCFA-237 (U3)	X	REQ FOR MEDICARE PAYMENT BY MMHD FACILITY	03/82	OBA	05/82	83
HCFA-237 (C3)	X	REQ FOR MEDICARE PAYMENT BY MMHD FACILITY	03/82	OBA	05/82	83
HCFA-241 (SH)	X	MEDICARE REIMBURSEMENT SETTLEMENT	03/81	OBA	03/81	85
HCFA-243 (BK)	X	QUARTERLY REPORT FOR HOME HEALTH AGENCIES	03/81	OBA	07/81	85
HCFA-244 (U3)		GRANTS MONITORING STATEMENT	12/80	OBA	11/81	
HCFA-247 (SH)	X	MEDICARE REIMBURSEMENT SETTLEMENT	04/81	OBA	04/81	85
HCFA-249 (SH)	X	PROCEDURE CHART	05/80	OBA	05/80	84
HCFA-260 (SH)		REQUEST FOR REPLACEMENT OF HIMBEX CARD	07/83	OBA	08/83	

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-261 (SH)	X	RESPONDENTS ESTIMATE OF PAPERWORK	02/81	OBA	02/81	81
HCFA-264 (U3)		RQST FOR PSC ACTION MEDICARE - CS CASE	03/81	OBA		
HCFA-268 (SH)	X	MEDICARE MENTAL HEALTH DEMONSTRATION	10/81	OBA	10/81	83
HCFA-277 (U2)		REQUEST FOR GRAPHICS SERVICES	12/84	OBA	04/81	
HCFA-283 (U3)		PACKAGING & DISTRIBUTION TRANSMITTAL	02/87	OBA		
HCFA-283 (U3)	X	PACKAGING & DISTRIBUTION TRANSMITTAL	09/81	OBA	09/81	87
FORM 290 (C1)	X	STOCK TAB PAPER	22/22	OBA	12/81	84
HCFA-296 (SH)		DOCUMENTATION OF MEDICAL RECORDS	10/81	OBA	10/81	
HCFA-297 (U4)		DEPOSIT VOUCHER RECEIPT	07/81	OBA	04/84	
HCFA-298 (SH)	X	BILLING FOR PHYSICAL THERAPY SERVICES	09/81	OBA	09/81	85
HCFA-300 (U3)	X	REQUEST AND AUTHORIZATION FOR OVERTIME	05/85	OBA	08/80	87
HCFA-300 (U3)		REQUEST AND AUTHORIZATION FOR OVERTIME	05/87	OBA		
HCFA-300-A (SH)	X	BIWEEKLY RECORD OF OVERTIME	07/80	OBA	08/80	85
HCFA-315 (U2)	X	FOUR PHASE CONTROL LOG	09/78	OBA	10/79	83
HCFA-L318 (SH)	X	CARRIER NOTICE OF PT/B COVERAGE	05/82	OBA	05/82	84
HCFA-323 (U3)	X	TELEPHONE SERVICE ORDER	11/84	OBA	07/82	88

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-323-A (U5)	X	TELEPHONE SERVICE ORDER	08/81	OBA	08/81	83
HCFA-L325 (SH)		RECORDS TRANSMITTAL	06/86	OBA	06/86	
HCFA-325 (SH)	X	RECORDS TRANSMITTAL	08/83	OBA	08/83	87
HCFA-329 (SH)		EMPLOYEE LOCATOR AND TELEPHONE DIRECTORY	08/81	OBA	08/81	
HCFA-336 (SH)	X	CONTRACT MEMO OF TRANSMITTAL AND CHECKLIST	04/84	OBA	04/84	87
HCFA-336 (SH)		CONTRACT MEMO OF TRANSMITTAL AND CHECKLIST	04/87	OBA		
HCFA-340 (U3)		MONEY CONTROL RECORD	02/81	OBA	02/82	
HCFA-L342 (SH)		QUERY HISTORY REPLY	01/82	OBA	02/82	
HCFA-347 (U2)		REQUEST FOR DESK TO DESK DISTRIBUTION	10/85	OBA	05/82	
HCFA-356 (CD)	X	ACKNOWLEDGEMENT OF IMPENDING WAREHOUSE SHIPMENT	05/82	OBA	05/82	85
HCFA-357 (CD)	X	NOTICE OF DELAYED WAREHOUSE SHIPMENT	05/82	OBA	05/82	85
HCFA-358 (SH)		APPLICANT RATING SHEET	06/82	OBA	06/82	
HCFA-361 (CD)		BLOOD ASSURANCE INFORMATION CARD	06/82	OBA	06/82	
HCFA-362 (CD)		STOCK REPLENISHMENT CARD	07/82	OBA	07/82	
HCFA-363 (U2)		ADJUSTMENTS TO COOLWHIP	11/83	OBA	11/83	
HCFA-364 (CD)		SERIAL NO. REGISTER & MAINTAINANCE RECORD	07/82	OBA	07/82	

HEALTH CARE FINANCING ADMINISTRATION
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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-L366		YOUR INQUIRY ABOUT CLAIM RELATED HI/SMI	04/88	OBA	07/88	
HCFA-L366 (SH)		HIB/SMIB PROBLEM REFERRAL	10/80	OBA	07/82	
HCFA-369 (CD)		MAILING LIST REVIEW RESPONSE CARD	08/82	OBA	08/82	
HCFA-373 (SH)		ADDENDUM TO SF 171	08/82	OBA	08/82	
HCFA-374 (U4)	X	STATUS OF STAFFING ACTION	05/88	OBA	06/88	88
HCFA-374 (SH)	X	VACANCY ANNOUNCEMENT NOTIFICATION	08/82	OBA	08/82	88
HCFA-374 (U4)		STATUS OF STAFFING ACTION	12/88	OBA		
HCFA-386 (SH)		TRAINING EVALUATION	02/83	OBA	03/83	
HCFA-L389 (SH)		ADJUSTMENT ACTION REQUEST	03/81	OBA	04/81	
HCFA-391 (U3)		BENEFICIARY CORRESPONDENCE CONTROL SHEET	04/85	OBA	02/86	
HCFA-394 (SH)		TYPING INSTRUCTIONS	02/83	OBA	04/83	
HCFA-400 (U6)		PRINTING SERVICES REQUISITION	10/80	OBA	08/83	
HCFA-402 (U2)		REQUEST FOR HCFA MOVERS SERVICES	11/88	OBA	11/88	
HCFA-405 (SH)		RQST FOR RPLCMT OF UTILIZATION NOTICE/HI CARD	08/85	OBA	04/83	
HCFA-419 (SH)	X	PERFORMANCE APPRAISAL WORKPLAN SUMMARY	08/83	OBA	08/83	87
HCFA-419 (SH)		PERFORMANCE APPRAISAL WORKPLAN SUMMARY	08/87	OBA		

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-419-A (SH)		PERFORMANCE APPRAISAL WORKPLAN	08/83	OBA	08/83	
HCFA-419-B (SH)		PERFORMANCE APPRAISAL WORKSHEET	08/83	OBA	08/83	
HCFA-419-C (SH)		PROGRESS REVIEW CHART	08/83	OBA	08/83	
HCFA-421 (SH)		FORMS ACTION LOG	06/83	OBA	10/83	
HCFA-424 (SH)		REQUEST FOR ADJUSTMENT OF SECONDARY PAYOR	11/83	OBA	11/83	
HCFA-428 (SH)		REQ FOR SPECIAL BATCH NOTICES	02/84	OBA	03/84	
HCFA-432 (U8)		ORDER FOR SUPPLIES OR SERVICES BENSON IMPRINT	12/85	OBA	03/84	
HCFA-432-A (U8)	X	ORDER FOR SUPPLIES OR SERVICES GC3 SHIP ADDRESS	03/84	OBA	03/84	88
HCFA-432-A (U8)		ORDER FOR SUPPLIES OR SERVICES	07/88	OBA	08/88	
HCFA-432-B (U8)	X	ORDER FOR SUPPLIES OR SERVICES BLANK ADDRESS	03/84	OBA	03/84	86
HCFA-432-B (U8)		ORDER FOR SUPPLIES OR SERVICES BLANK ADDRESS	12/85	OBA		
HCFA-433 (U8)		ORDER FOR SUPPLIES OR SERVICES CONTINUATION	03/84	OBA	03/84	
HCFA-436 (SH)		NON-MERIT PAY APPLICANT RATING SHEET	03/84	OBA	04/84	
HCFA-438 (SH)		DAILY TIME & ATTENDANCE ROSTER	04/84	OBA	04/84	
HCFA-439 (U4)		REQUEST FOR GOVERNMENT BILL OF LADING	04/84	OBA	04/84	
HCFA-440 (SH)		ENTREX HIPO MBR BCM DATA ENTRY REQUEST	03/84	OBA	04/84	

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-442 (SH)		GENERAL OBLIGATION LEDGER	04/84	OBA		
HCFA-450 (SH)		CORRESPONDENCE ASSIGNMENT SHEET	05/84	OBA	06/84	
HCFA-473 (CD)		METER READING CARD	12/84	OBA	05/85	
HCFA-478 (SH)		REQ FOR CHANGE TO SCHEDULE OF ALLOCATED POSITIONS	06/84	OBA	06/84	
HCFA-479 (U3)	X	REQUEST FOR CARD KEY	02/85	OBA	03/85	87
HCFA-479 (U3)		REQUEST FOR CARD KEY	09/87	OBA		
HCFA-480 (U2)	X	PROCEDURE FOR USE OF CARD KEY ACCESS SYSTEM	02/85	OBA	03/85	87
HCFA-480 (U2)		PROCEDURE FOR USE OF CARD KEY ACCESS SYSTEM	09/87	OBA		
HCFA-499 (SH)		HCFA PERFORMANCE APPRAISAL SUMMARY DATA	08/85	OBA	08/85	
HCFA-499-A (SH)	X	DPT EPMS: HCFA PERFORMANCE APPRAISAL DATA	05/88	OBA	05/88	88
HCFA-499-A (SH)		DPT EPMS: HCFA PERFORMANCE APPRAISAL DATA	09/88	OBA		
HCFA-499-B (SH)		HCFA EPMS PERFORMANCE PLAN, PROGRESS REVIEW/RATING	09/88	OBA	09/88	
HCFA-501 (SH)	X	MEDICARE REIMBURSEMENT SETTLEMENT	05/81	OBA	05/81	83
HCFA-530 (SH)		MBCCS FINDER PRINTOUT REQUEST	10/85	OBA		
HCFA-532 (CD)		SIGNATURE CARD FOR DEPARTMENT SEAL	11/85	OBA		
HCFA-533 (SH)		CONTRACTOR INVENTORY OF MEDICARE FORMS	11/85	OBA	11/85	

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-535 (SH)		LABEL REQUEST	02/86	OBA	03/86	
HCFA-539 (SH)		PROPERTY MANAGEMENT RECORD	02/86	OBA	02/86	
HCFA-542 (U2)		VISITOR PARKING PERMITS	09/84	OBA	09/84	
HCFA-559 (U2)		PROVIDER TIE-IN NOTICE	11/86	OBA	07/87	
HCFA-560 (U2)		PRINTING ACTIVITY CHECK-LIST	04/88	OBA	05/88	
HCFA-561 (SH)		ROUTINE BUILDING INSPECTION REPORT	12/86	OBA	/	
HCFA-597 (SH)		ALJ HEARING FACT SHEET PART 2, CLAIM DENIAL	10/87	OBA	10/87	
HCFA-598 (SH)		ALJ HEARING REQUEST LOG	10/87	OBA	10/87	
HCFA-599 (SH)		EXAMPLE ALJ HEARING EXIBIT LIST	10/87	OBA	10/87	
HCFA-600 (SH)		REASONABLE CHARGE RECORD	10/87	OBA	10/87	
HCFA-601 (SH)		PROFESSIONAL QUALIFICATIONS	10/87	OBA	10/87	
HCFA-L641 (SH)	X	REQUEST FOR MEDICAL RECORDS	05/73	OBA	08/75	82
HCFA-L779 (SH)	X	TRANSMITTAL LETTER	01/75	OBA	01/75	82
HCFA-L780 (SH)	X	TRANSMITTAL LETTER	01/75	OBA	01/75	82
HCFA-898-D (SH)	X	STATISTICAL WORKSHEET	07/81	OBA	07/81	83
HCFA-898-E (SH)	X	TABULATION SHEET FOR EXPENDITURE	11/79	OBA	01/80	82

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-L913 (SH)		INABILITY TO PROCESS ACCRETION	04/81	OBA	12/83	
HCFA-L934 (SH)	X	MEDICARE NOTICE FOR RECONCILIATION	08/76	OBA	08/76	82
HCFA-L985 (SH)	X	STUFFER NOTICE TO BENEFICIARY	07/80	OBA	12/80	85
HCFA-L1000 (SH)	X	NEW YORK BHI REGIONAL OFFICE LETTER	04/77	OBA	04/77	82
HCFA-L1001 (SH)		NOTIFICATION OF INTERNAL ADJUSTMENTS	11/80	OBA	05/84	
HCFA-L1006 (SH)	X	FORMS UTILIZING THE TQB PROCESS	06/77	OBA	06/77	82
HCFA-1042 (SH)	X	REQUEST FOR DISTRIBUTION OF FORMS	01/85	OBA	06/82	87
HCFA-1042 (SH)		REQ FOR DISTRIBUTION OF MANUALS, FORMS & PUBLICATIONS	05/87	OBA	05/87	
HCFA-1042-A (SH)	X	REQ FOR DIST OF HCFA FORMS AND MANUALS	12/79	OBA	12/79	81
HCFA-1083 (SH)	X	CORRESPONDENCE REQUEST SHEET	11/71	OBA	12/78	84
HCFA-1087 (SH)	X	DISTRIBUTION LIST FOR HCFA FORMS	03/82	OBA	03/82	85
TFS 1099 (C3)	X	MISCELLANEOUS INCOME STATEMENT	01/86	OBA		88
HCFA-1099-MISC (C3)		MISCELLANEOUS INCOME	10/88	OBA	10/88	
HCFA-1118 (SH)		TASK LIST FOR WORK DISTRIBUTION	05/80	OBA	05/80	
HCFA-1119 (SH)		ACTIVITY LIST FOR WORK DISTRIBUTION	05/80	OBA	05/80	
HCFA-1136 (SH)	X	BHI APPRAISAL STAFF	04/68	OBA	01/75	82

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HCFA-1147 (SH)	X	REQUEST FOR TELETYPE MESSAGE	08/70	OBA	07/80	83
HCFA-1149 (U2)	X	AUDIT SUBCONTRACT OR AMENDMENT	12/70	OBA	01/75	82
HCFA-1214 (SH)	X	INTERIM BILLING LEDGER CARD	03/78	OBA	07/79	83
HCFA-1215 (CD)		COST REPORT CONTROL	06/79	OBA	07/81	
HCFA-1276 (SH)	X	MONTHLY PRODUCTION AND ACCURACY AVERAGES	06/69	OBA	03/76	82
HCFA-1279 (SH)	X	TELEPHONE CONTACT SHEET	08/71	OBA	07/75	82
HCFA-1310 (SH)	X	TRANSCRIPTION OF UTILIZATION	02/73	OBA	09/75	82
HCFA-1325 (SH)		CHECK DEPOSIT VOUCHER THIRD PARTY MEDICARE	06/79	OBA	03/81	
HCFA-1333 (SH)	X	REQUEST TO TYPE HI CARDS	03/67	OBA	07/77	82
HCFA-1335 (SH)	X	HI FILM CHECK	04/79	OBA	12/79	82
HCFA-1349 (SH)		REQUEST FOR REFERENCE TO HI RECORDS	11/79	OBA	04/81	
HCFA-1359 (FO)	X	BATCH FOLDER HI BILLS	02/68	OBA	03/76	80
HCFA-1363 (SH)		REQUEST FOR ADJUSTMENT OF HI UTILIZATION	01/80	OBA	07/84	
HCFA-1364 (SH)		REQUEST FOR ADJUSTMENT OF HI ENTITLEMENT	05/84	OBA		
HCFA-1364 (SH)	X	REQUEST FOR ADJUSTMENT OF HI ENTITLEMENT	06/78	OBA	02/85	86
HCFA-1365 (SH)	X	REQUEST FOR PREPARATION OF HIB PT/B QUERY	05/79	OBA	05/79	84

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HCFA-1407 (SH)	X	HI PHONE INQUIRIES	09/67	OBA	04/78	82
HCFA-1480-A (C5)		UB-82 FOR ALCOHOLISM SERVICES COVERAGE DEMO	06/82	OBA	06/82	
HCFA-1480-A (U5)		UB-82 ALCOHOLISM SERVICES COVERAGE DEMO	06/82	OBA	06/82	
HCFA-1506 (SH)		PART B SCOUT SHEET	07/80	OBA	11/81	
HCFA-1536 (C2)	X	PUBLICATION DATA TAB PAPER	04/69	OBA	05/78	82
HCFA-L1573 (U3)		MEDICAL INSURANCE PREMIUMS RECEIVED & DEPOSITED	03/81	OBA	06/82	
HCFA-1577 (SH)	X	PT/B INQUIRY CODING SHEET	09/71	OBA	08/75	81
HCFA-1577-A (SH)	X	PT/A NOTICE OF ADMISSION	03/78	OBA	06/79	81
HCFA-1593 (SH)		HCFA AIS CLEARANCE REQUEST	02/80	OBA	04/80	
HCFA-1605 (SH)		MBR BCM PRINTOUT REQUEST	01/80	OBA	01/80	
HCFA-1606 (SH)	X	PAYMENT RECORD TRANSMITTAL	02/80	OBA		86
HCFA-1606 (SH)		PAYMENT RECORD TRANSMITTAL	11/81	OBA	11/81	
HCFA-1607 (SH)		HEALTH INSURANCE PRINTOUT LOCATOR CARDS	08/81	OBA	08/81	
HCFA-1661 (SH)	X	PT/A INTERMEDIARY CONTROL	05/71	OBA	04/76	82
HCFA-1664 (SH)		RQST FOR NAME & SEX CORRECTION OF HI RECORD	07/84	OBA	02/86	
HCFA-1666 (SH)		REFERENCE MATERIAL REQUESTS	09/80	OBA	05/84	

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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-1704 (SM)	X	HCFA ADJUSTMENT FORM FOR MEDICARE	07/80	OBA	07/80	82
HCFA-1705 (SH)		ADJUSTMENT FORM FOR INPATIENT HOSPITAL & SNF BILLS	11/83	OBA	11/83	
HCFA-1706 (SH)		ADJUSTMENT FORM FOR CHRISTIAN SCIENCE BILLS	07/80	OBA	12/80	
HCFA-1707 (SH)		ADJUSTMENT FORM FOR HOME HEALTH BILLS	07/80	OBA	08/80	
HCFA-1723 (SH)		FLOW PROCESS CHART	05/80	OBA	05/80	
HCFA-1724 (SH)		WORK DISTRIBUTION CHART	05/80	OBA	05/80	
HCFA-1725 (SH)		MEDICARE PROBLEM REFERRAL	05/84	OBA	05/84	
HCFA-1746 (SH)	X	BILL REBATCH NOTICE	01/73	OBA	06/76	82
HCFA-1760 (SH)		HCFA MAILING LIST ACCRETION	03/85	OBA	05/82	
HCFA-1760-A (U2)	X	BHI MAILING LIST ACCRETION & DELETION	11/70	OBA	03/75	82
HCFA-1761 (SH)		TRANSMITTAL FOR FORWARDING HI BILLS	05/84	OBA	05/84	
HCFA-1767 (SH)		RQST FOR DO. ASSIST STATE BUY-IN VERIFICATION	02/81	OBA	11/81	
HCFA-1773 (SH)	X	CONTACT REPORT	03/70	OBA	04/80	82
HCFA-1773-A (SH)	X	CONTACT REPORT	03/78	OBA	12/80	82
HCFA-1777 (SH)		REQUEST FOR REPLACEMENT OF HCFA-1778	12/79	OBA	01/80	
HCFA-1782 (BK)	X	COMPUTATION OF INTERIM RATE	08/70	OBA	09/75	82

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-1793 (SH)		CHECKLIST OF AIS TRANSMITTALS	08/80	OBA	08/80	
HCFA-1794 (SH)		CHECKLIST OF HANDBOOK TRANSMITTALS	03/78	OBA	04/78	
HCFA-1819 (SH)		REQUEST FOR THIRD PARTY BILLING	02/80	OBA	06/82	
HCFA-1820 (SH)		REQUEST FOR ADJUSTMENT OF TP MASTER	08/81	OBA	12/83	
HCFA-1821 (U4)	X	REQUEST FOR CORRECTION OF THIRD PARTY BILLING	05/74	OBA	07/75	82
HCFA-1857 (SH)	X	REQUEST FOR THIRD PARTY MICRO FILM	06/80	OBA	09/80	82
HCFA-1858 (SH)		DISPOSITION NOTICE THIRD PARTY CASE	02/80	OBA	07/84	
HCFA-1883 (SH)		REQUEST FOR TP HISTORY INSERTION	06/80	OBA	08/83	
HCFA-1884 (SH)		CORRESPONDENCE SCOUTING REQUEST	08/81	OBA	08/81	
HCFA-1899 (U2)		REQUEST FOR PSC THIRD PARTY ACTION	06/81	OBA	12/83	
HCFA-1905 (SH)	X	DIRECTIONS FOR PAYING MEDICARE	07/74	OBA	07/74	82
HCFA-1922 (U3)	X	DETERMINING LEVEL OF CARE BY PATIENT IN SNF	06/80	OBA	06/83	85
HCFA-1927 (SH)	X	PT/B DUPLICATE BILL RECORD CORRECTION	02/74	OBA	04/78	83
HCFA-1928 (SH)	X	TYPING INSTRUCTIONS	07/73	OBA	12/75	82
HCFA-1945 (SH)		HCFA CORRESPONDENCE CONTROL SHEET	03/83	OBA	06/84	
HCFA-1961 (SH)		HCFA FORMS ORDER	12/82	OBA	08/84	

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HCFA-1961-A (SH)	X	HCFA FORMS ORDER CONTINUATION SHEET	03/82	OBA	03/82	84
HCFA-1962 (U3)		ASSIGNMENT CONTROL AND EVALUATION RECORD	12/82	OBA	12/82	
HCFA-1967 (U3)	X	SPECIAL RQST FOR BDP HI INVESTIGATION	05/73	OBA	03/74	82
HCFA-1978 (U4)		STOCK REPLENISHMENT NOTICE	06/82	OBA	06/82	
HCFA-1985 (SH)		REQUEST FOR ADJUSTMENT OF HOSPICE RECORD	11/83	OBA	11/83	
HCFA-2021 (SH)		HCFA RECORD SPECIFICATION	09/80	OBA	10/82	
HCFA-2022 (SH)		HCFA RECORD FORMAT	09/80	OBA	10/80	
HCFA-2023 (SH)	X	REQUEST FOR DELETION OF HI PAYMENT	09/72	OBA	04/76	80
HCFA-2042 (CD)	X	ADMINISTRATIVE TIME & LEAVE RECORD	08/86	OBA	07/86	88
HCFA-2042 (SH)	X	ADMINISTRATIVE TIME & LEAVE RECORD	09/85	OBA	08/84	86
HCFA-2042 (CD)		ADMINISTRATIVE TIME & LEAVE RECORD	09/88	OBA		
HCFA-2043 (U4)	X	REFERRAL AND TREATMENT PLAN	10/77	OBA	02/82	84
HCFA-2043-A (U4)	X	REFERRAL AND TREATMENT PLAN	03/81	OBA	02/82	84
HCFA-2048 (U5)		HCFA GRIEVANCE FORM	05/84	OBA	05/84	
HCFA-2072 (SH)	X	REQUEST FOR RIC A/B (UNIVERSAL RIC)	08/76	OBA	01/78	82
HCFA-L2081 (SH)	X	TRANSMITTAL LTR FOR 2081	08/80	OBA	09/80	83

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HCFA-2081 (U3)	X	REQUEST FOR ADDITIONAL MEDICAL INFORMATION	10/78	OBA	12/78	84
HCFA-2109 (SH)		REQUEST FOR CLAIM NUMBER	07/80	OBA	03/83	
HCFA-2121-A (SH)	X	HISTORY HEADER RECORD CORRECTION	10/77	OBA	10/77	82
HCFA-2123 (SH)	X	HISTORY TRAILER RECORD CORRECTION	07/73	OBA	08/78	82
HCFA-2124-A (SH)	X	ONLINE HISTORY ADDRESS RECORD	11/75	OBA	07/76	82
HCFA-2131 (SH)	X	SMI STATE BUY-IN CARDS ENCLOSURE	06/75	OBA	05/75	82
HCFA-2132 (SH)	X	SMI STATE BUY-IN TAPES ENCLOSURE	06/75	OBA	06/75	82
HCFA-2143 (U2)		FOLLOWUP TO MEDICARE PROVIDERS	06/73	OBA	11/81	
HCFA-2150 (SH)	X	SESSION EVALUATION	06/73	OBA	10/75	82
HCFA-2176 (U2)		QUERY HISTORY REPORT	08/85	OBA	01/83	
HCFA-2181-TR (SH)		NOTICE OF INTERMEDIARY HI BILL BATCH STATUS	02/81	OBA	02/81	
HCFA-2212 (U2)	X	DOCUMENT CONTROL RECORD	03/74	OBA	05/78	83
HCFA-2220 (CD)	X	WEEKLY WORKLOAD REPORT	04/74	OBA	07/75	82
HCFA-2221 (SH)	X	CRD ROUTE CONTROL	03/78	OBA	04/78	83
HCFA-2231 (U5)	X	WORKFLOW CONTROL CHECKLIST	06/74	OBA	08/75	82
HCFA-2318 (SH)	X	REVIEW CONTROL	10/75	OBA	04/81	88

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HCFA-2318 (SH)		REVIEW CONTROL	10/88	OBA		
HCFA-2344 (SH)	X	SUPPLEMENTAL BILLING LIST	03/71	OBA	02/74	86
HCFA-2351 (SH)	X	ADJUSTMENT WORKSHEET	03/71	OBA	06/76	82
HCFA-2373 (SH)		REPLY TO PAYMENT RECORD CORRESPONDENCE	07/80	OBA	07/80	
HCFA-2416 (SH)		THIRD PARTY CODE 42 DELEGATION RECORD	02/81	OBA	02/86	
HCFA-2423 (SH)		THIRD PARTY PAYMENT AND ADJUSTMENT RECORD	01/83	OBA	11/83	
HCFA-2484 (U2)	X	PROVIDER REIMBURSEMENT RATE TABLE	03/78	OBA	07/80	82
HCFA-2509 (BK)	X	STATISTICAL TABLE	03/78	OBA	03/78	82
HCFA-2556	X	ANNUAL REPORT OF MEDICARE RECORDS	11/78	OBA	10/79	82
HCFA-2578 (SH)	X	ADJUSTMENT BILL RECORD ITEM	03/74	OBA	08/75	82
HCFA-2592 (U4)		MEMORANDUM RECEIPT	09/80	OBA	11/83	
HCFA-2627 (SH)	X	ADJUSTMENT BILL RECORD TRANSMITTAL	12/72	OBA	12/72	82
HCFA-2696 (U5)	X	CONFERENCE ROOM RESERVATION REQUEST	06/73	OBA	12/74	82
HCFA-2729 (U3)		LONG SUPPLY/INSUFFICIENT ACTIVITY REPORT	08/83	OBA	11/83	
HCFA-2742 (U3)	X	ESRD PATIENT HISTORY AND TREATMENT	02/80	OBA	04/80	82
HCFA-2743 (C3)	X	ESRD OUTPATIENT DIALYSIS SERVICE	02/80	OBA	03/81	82

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HCFA-2743 (U3)	X	ESRD OUTPATIENT DIALYSIS SERVICE	06/80	OBA	03/81	82
HCFA-2771 (SH)		STUFFER TO RETURN OR REPLACE LOST HI CARDS	07/80	OBA	01/81	
HCFA-2780 (SH)	X	CRD TRANSMITTAL PRIORITY HANDLING	08/73	OBA	06/78	83
HCFA-2782 (U2)		REQUEST FOR ENTRY OF AN ITEM INTO SUPPLY SYSTEM	12/84	OBA	06/82	
HCFA-2783 (U3)	X	CRD FORMS TRANSMITTAL	07/78	OBA	06/78	83
HCFA-2816 (U2)		DEPOSIT VOUCHER INDIVIDUAL PREMIUM PAYMENT	03/81	OBA	03/81	
HCFA-2828 (U2)	X	ADVICE OF TRANSMITTAL OF CRD SAMPLE FORMS	12/77	OBA	01/80	83
HCFA-2829 (SH)		MASTER TRANSMITTAL CONTROL RECORD	08/79	OBA	08/79	
HCFA-2830 (SH)	X	BILLING FORMS TRANSMITTAL	01/74	OBA	09/78	83
HCFA-2844 (SH)	X	QUERY WORKSHEET DIRECT DEALING PROVIDERS	09/80	OBA	11/83	84
HCFA-2856 (SH)	X	NURSING HOME LIMITATION	05/74	OBA	04/76	82
HCFA-2941 (SH)	X	HI BILL HISTORY REQUEST	11/78	OBA	11/78	84
HCFA-2943 (SH)		REQUEST FOR CORRECTION OF HI MASTER RECORD	12/82	OBA	12/82	
HCFA-2956 (SH)	X	MEDICARE GROUP PREMIUM COLLECTION	10/78	OBA	02/82	82
HCFA-3014 (SH)		REQUEST FOR CREATION OF HI MASTER RECORD	01/84	OBA	01/83	
HCFA-3015 (U3)	X	GROUP PREMIUM REVIEW RECORD	09/80	OBA	03/81	88

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HCFA-3015 (U2)		DMOS QUALITY REVIEW RECORD	09/88	OBA	10/88	
HCFA-3024 (SH)		WORK EXPERIENCE REPORT	03/83	OBA	03/83	
HCFA-3072 (SH)	X	REQUEST FOR PHYSICIAN CONSULTATION	11/74	OBA	12/76	82
HCFA-3150 (U5)		OFFICE OF ADMINISTRATIVE SYSTEMS REQUEST	04/80	OBA	05/80	
HCFA-3150-A (SH)		ESTIMATED RESOURCE WORKSHEET	04/80	OBA	05/80	
HCFA-3151 (U4)		OFFICE OF ADMINISTRATIVE SYSTEMS BUDGET WORKSHOP	04/80	OBA	05/80	
HCFA-3167 (SH)	X	MIGRANT PROGRAM PAYMENT LIST	07/75	OBA	08/75	82
HCFA-3168 (SH)	X	MIGRANT HOSPITAL PROGRAM	07/75	OBA	07/75	82
HCFA-3169 (SH)	X	MIGRANT HOSPITAL PROGRAM PHYSICIAN	07/75	OBA	07/75	82
HCFA-3179 (SH)	X	FREEDOM OF INFORMATION INQUIRY	01/80	OBA	11/81	82
HCFA-3236 (BK)	X	SMI PREMIUM TABLE	03/80	OBA	06/80	81
HCFA-3281 (CD)	X	RETURN TO NEW PAID BILL FILE	03/78	OBA	03/78	83
HCFA-3317 (TC)	X	BHI REIMBURSEMENT RTI/ADJ FIELD CORRECTION	04/76	OBA	06/77	82
HCFA-3321 (SH)	X	OAS WEEKLY ACTIVITY REPORT	04/80	OBA	05/80	85
HCFA-3351 (SH)	X	RPOWR SUMMARY TALLY SHEET	07/76	OBA	07/76	82
HCFA-3363 (SH)	X	RPO WEEKLY REPORT SUMMARY	06/76	OBA	09/76	82

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HCFA-3415 (SH)	X	DAILY WORKLOAD TALLY	08/76	OBA	08/76	82
HCFA-3416 (SH)	X	WEEKLY WORKLOAD AND PRODUCTION	08/76	OBA	10/76	82
HCFA-3417 (SH)	X	MANHOUR REPORT	08/76	OBA	09/76	82
HCFA-3418 (SH)	X	SPECIAL PROJECTS LOG	09/76	OBA	09/76	82
HCFA-3419 (SH)	X	DDR PERFORMANCE ANALYSIS REPORT	08/76	OBA	09/76	82
HCFA-3433 (SH)	X	APPEALS CASE	08/76	OBA	03/78	83
HCFA-3436 (SH)	X	QUARTERLY REPORT OF HI R/O MANPOWER	12/77	OBA	11/77	82
HCFA-3437 (SH)	X	HCFA IDENTIFICATION FOR PICKUP	01/80	OBA	01/80	83
HCFA-3449 (CD)	X	PLAN OF TREATMENT RECORD	10/76	OBA	11/76	82
HCFA-3449-A (SH)	X	PLAN OF TREATMENT - CONTINUATION SHEET	10/76	OBA	11/76	82
HCFA-3463 (SH)	X	ADMINISTRAVITE COST OF DIRECT DEAL ACTIVITY	11/76	OBA	11/78	83
HCFA-3470 (SH)	X	FORMS INFORMATION SYSTEM UPDATE RECORD	02/84	OBA	03/84	86
HCFA-3470 (SH)		FIS DATA ENTRY CODING SHEET	11/86	OBA		
HCFA-3473 (SH)	X	REQUEST & AUTHORIZATION FOR OVERTIME	01/77	OBA	01/77	82
HCFA-3518 (SH)		HI/MBR INTERCHANGE	06/81	OBA	06/81	
HCFA-3551 (SH)	X	ADMINISTRATIVE COST OF INTERMEDIARY/CARRIER	06/77	OBA	06/77	82

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HCFA-3756 (SH)	X	TRANSMITTAL FOR HI UTILIZATION	11/77	OBA	11/77	80
HCFA-3763 (SH)		BILL RETRIEVAL CANCEL ONLY	04/85	OBA	11/77	
HCFA-3779 (U3)		ELECTRONIC DATA PROCESSING	06/78	OBA	01/79	
HCFA-3861 (U3)		REQUEST FOR OPM ASSISTANCE MEDICARE PRE-BILL	06/81	OBA	04/84	
HCFA-3892 (U3)		OUTLINE OF PROBLEM CASES	11/79	OBA	01/83	
HCFA-3896 (SH)		CASE WORK SHEET	11/80	OBA	11/80	
HCFA-4531 (SH)	X	REQUEST FOR INSERTION OF HI MASTER RECORD	05/79	OBA	05/79	85
HCFA-4563 (SH)		THIRD PARTY MASTER REINSTATEMENT	05/84	OBA	05/84	
HCFA-4619 (CD)	X	RETURN OF YOUR MEDICAL INSURANCE ENROLLMENT CARD	05/80	OBA	19/80	83
HCFA-4716 (C1)	X	MEDICARE CLAIM CONTROL AND ID	04/76	OBA	05/76	82
HCFA-4769 (C1)	X	MEDICARE CLAIMS CODING FORM	06/73	OBA	07/78	82
HCFA-5056 (CD)	X	CORRESPONDENCE ACKNOWLEDGEMENT	08/80	OBA	02/81	88
HCFA-5058 (CD)		CORRESPONDENCE ACKNOWLEDGEMENT	08/88	OBA		
HCFA-5082 (SH)		ACTIVITY HISTORY SHEET	06/81	OBA	06/81	
HCFA-5082-A (SH)		HISTORY SHEET	06/81	OBA	06/81	
HCFA-6029 (U6)	X	RECEIVING REPORT	09/82	OBA		86

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HCFA-8029 (US)		RECEIVING REPORT	12/85	OBA	02/86	
HCFA-8012 (SH)	X	TRANSMITTAL FOR INTERNAL HI PROVIDER	02/80	OBA	05/80	82
HCFA-8013 (SH)	X	HI MBR/SSR DATA OR HI CARD REQUEST	01/83	OBA	01/83	86
HCFA-8013 (SH)		HI MBR/SSR DATA OR HI CARD REQUEST	06/86	OBA		
HCFA-8076 (SH)	X	UTILIZATION EXCEPTION TRANSMITTAL	12/78	OBA	03/80	83
HCFA-8330 (SH)		REQUEST FOR SSI JURISDICTION BUY-IN ACCRETION	09/79	OBA	03/83	
HCFA-8331 (SH)		RQST FOR REPLACEMENT OF NOTICE OF UTILIZATION	04/81	OBA	04/83	
HCFA-8734 (SH)	X	ESRD FACILITY COST & STATISTICAL QUESTIONNAIRE	04/80	OBA	07/80	86
HCFA-8735 (SH)		INTERMEDIARY WORKSHEET	04/80	OBA	09/81	

HEALTH CARE FINANCING ADMINISTRATION
FORMS INFORMATION SYSTEM (FIS)
CATALOG OF FORMS FOR .. ODR

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-22 (SH)	X	WORK TRANSMITTAL CONTROL SLIP	09/77	ODR	08/83	85
HCFA-44 (SH)	X	REPLY TO OPEN ITEM INQUIRY	09/79	ODR	06/81	85
HCFA-284 (SH)	X	PROVIDER BASED PHYSICIAN QUESTIONNAIRE	10/81	ODR	10/81	83
HCFA-1083-A (SH)	X	DISALLOWANCE CORRESPONDENCE REQUEST SHEET	10/75	ODR	10/83	85
HCFA-1568 (C2)	X	REPLY TO NOTICE OF ADMISSION	08/80	ODR	09/82	85
HCFA-1609 (U3)	X	BILLING FORMS TRANSMITTAL	10/80	ODR	06/83	85
HCFA-1802 (SH)	X	REPORT OF RECOVERY ACTION	03/71	ODR	09/82	85
HCFA-1803 (SH)	X	DETERMINATION OF RECOVERY OF OVERPAYMENT	08/80	ODR	08/80	85
HCFA-1842 (CD)	X	PT/A RECONSIDERATION CONTROL	01/83	ODR	01/83	85
HCFA-1843 (CD)	X	PT/B REVIEW CONTROL	12/79	ODR	01/80	85
HCFA-1844 (SH)	X	MEDICARE CLAIMS ROUTE SHEET	04/83	ODR	04/83	85
HCFA-1954-ODR (C3)	X	NOTICE OF MEDICARE CLAIM DETERMINATION	01/83	ODR	02/83	85
HCFA-1955-ODR (C3)	X	NOTICE OF MEDICARE CLAIM DETERMINATION	01/83	ODR	02/83	85
HCFA-1955-ODR (U3)	X	NOTICE OF MEDICARE CLAIM DETERMINATION	12/82	ODR	12/82	85
HCFA-2208 (SH)		WAIVER OF LIABILITY STATUS	08/80	ODR	07/80	
HCFA-2393 (U3)	X	SPECIAL WITHHOLDING OR SUSPENSION REQUEST	08/77	ODR	02/83	85

HEALTH CARE FINANCING ADMINISTRATION
FORMS INFORMATION SYSTEM (FIS)
CATALOG OF FORMS FOR .. ODR

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-2394 (U3)	X	SPECIAL PAYMENT REQUEST	08/77	ODR	12/83	85
HCFA-2732 (U3)	X	REQUEST FOR DETAILED BILL LISTING	10/80	ODR	10/80	85
HCFA-3031 (SH)		FIELD CORRECTION BILL DELETION & RELEASE	07/78	ODR	03/84	
HCFA-3085 (TC)	X	DIRECT REIMBURSEMENT FIELD CORRECTION	03/81	ODR	12/83	85
HCFA-3095 (SH)	X	PROVIDER HOSPITAL WAIVER OF LIABILITY	02/75	ODR	05/83	85
HCFA-3175 (U3)	X	OPEN ITEM INQUIRY	04/80	ODR	02/81	85
HCFA-3175-A (U3)	X	OPEN ITEM INQUIRY CONTINUATION SHEET	05/80	ODR	03/81	85
HCFA-3260 (SH)	X	ADJUSTMENT BILL FINDER	02/78	ODR	06/81	85
HCFA-3310 (SH)	X	ADJUSTMENT CORRECTION CARD #1	09/79	ODR	08/82	85
HCFA-3311 (SH)	X	ADJUSTMENT CORRECTION CARDS #2 AND #3	09/79	ODR	06/81	85
HCFA-3485 (SH)	X	DAILY ADMISSION FINDER TRANSACTIONS	08/80	ODR	08/80	85
HCFA-3486 (SH)	X	ADMISSION OPEN ITEM TRANSACTIONS	09/79	ODR	09/79	85

HEALTH CARE FINANCING ADMINISTRATION
FORMS INFORMATION SYSTEM (FIS)
CATALOG OF FORMS FOR .. OEO

FORM NUMBER OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-168 (SM)	PROGRAM INSTRUCTIONS CLEARANCE TRANSMITTAL	11/83	OEO	11/83	

HEALTH CARE FINANCING ADMINISTRATION
FORMS INFORMATION SYSTEM (FIS)
CATALOG OF FORMS FOR .. OLP

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-410 (SH)		CONGRESSIONAL CONTACT REPORT	07/83	OLP	07/83	

HEALTH CARE FINANCING ADMINISTRATION
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CATALOG OF FORMS FOR .. OPA

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-161 (PC)	X	ORDER CARD	11/79	OPA	12/79	84
HCFA-395 (CD)		FOIA CASE CARD	03/83	OPA	03/83	
HHS 632 (SH)	X	FREEDOM OF INFORMATION REQUEST	01/83	OPA	06/84	87
HHS 632 (SH)		FREEDOM OF INFORMATION REQUEST	07/87	OPA	09/87	
HCFA-633 (U4)		INVOICE OF FEES FOR FOIA SERVICES	01/88	OPA		
HCFA-633 (U5)	X	INVOICE OF FEES FOR FOIA SERVICES	12/83	OPA	07/84	87
HCFA-3516 (TC)	X	NOTICE OF MEDICARE PREMIUM PAYMENT	02/81	OPA	02/81	82
HCFA-3516-SP (TC)	X	NOTICE OF MEDICARE PREMIUM PAYMENT	02/81	OPA	02/81	82

HEALTH CARE FINANCING ADMINISTRATION
FORMS INFORMATION SYSTEM (FIS)
CATALOG OF FORMS FOR .. OPHC

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-563 (LB)		MAILING LABELS	01/87	OPHC	02/87	
HCFA-566 (SH)		HMO/ COMPETITIVE MEDICAL PLAN (CMP) DISENROLLMENT FORM	01/88	OPHC		
HCFA-566 (SH)	X	HMO/ COMPETITIVE MEDICAL PLAN (CMP) DISENROLLMENT FORM	06/87	OPHC	05/87	87

HEALTH CARE FINANCING ADMINISTRATION
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FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-120 (BK)	X	MONTHLY STATISTICAL REPORT	01/80	ORD	02/80	84
HCFA-127 (U2)		REQUEST FOR MEDICARE PAYMENT	07/79	ORD	01/84	
HCFA-127-A (U2)		TRANSMITTAL OF REQUESTS FOR MEDICARE PAYMENT	07/79	ORD	10/83	
HCFA-127-C (C2)		REQUEST FOR MEDICARE PAYMENT	07/79	ORD	01/83	
HCFA-245 (U4)	X	REQUEST FOR PAYMENT FOR HOME CARE SERVICES	03/81	ORD	04/84	85
HCFA-245 (C4)	X	REQUEST FOR PAYMENT FOR HOME CARE SERVICES	03/81	ORD	03/84	85
HCFA-246 (C4)	X	REQUEST FOR PAYMENT FOR PRESCRIPTION DRUGS	03/81	ORD	04/84	85
HCFA-322 (SH)	X	SURVEY FOR NATIONAL HOSPITAL RATE	09/81	ORD	09/81	83
HCFA-343 (SH)	X	TELEPHONE SURVEY OF PT/B PROVIDER	06/82	ORD	06/82	83
HCFA-380 (SH)	X	HCRIS CONTROL	11/82	ORD	11/82	85
HCFA-392 (CD)		PROJECT STATUS RECORD	02/83	ORD	02/83	
HCFA-472 (SH)		STATEMENT OF CUMULATIVE EXPEN FOR DEMO PROJECT	07/85	ORD	08/85	
HCFA-502 (SH)		HCFA WAIVER COST ESTIMATES	07/85	ORD	08/85	
HCFA-586 (SH)		APPLICATION KIT REQUEST FORM	07/87	ORD	08/87	
HCFA-898 (SH)		STATE LISTING BY REGION	05/79	ORD	05/80	
HCFA-1480-B (BK)		ALCOHOLISM SERVICES DEMONSTRATION	04/83	ORD	04/83	

HEALTH CARE FINANCING ADMINISTRATION
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FORM NUMBER OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-1622 (C1)	NOTICE OF DECISION ON PT/B MEDICARE CLAIM	06/83	ORD	05/84	
HCFA-1703 (SH)	IMAGER CODING FORMAT	04/81	ORD	03/81	
HCFA-1807 (BK)	ANNUAL SURVEY INDEPENDENT HEALTH PLANS	04/82	ORD	12/82	
HCFA-1863 (SH)	TASK ASSIGNMENT RECORD	05/80	ORD	06/80	

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CATALOG OF FORMS FOR .. PRRB

FORM NUMBER	OBSOLETE (X)	TITLE	EDITION DATE	SPON OFF	LAST PRINT DATE	YEAR OBSOLETED
HCFA-110 (CD)	X	PRRB HEARING	03/79	PRRB	03/79	83
HCFA-2483 (U2)	X	PROVIDER REIMBURSEMENT RATE TABLE	04/78	PRRB	04/78	82

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Obsolete Forms

HEALTH CARE FINANCING ADMINISTRATION
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CATALOG OF OBSOLETE FORMS

FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETED
HCFA-10-PG (BK)	FEDERAL ASSISTANCE	OBA	1988
OF 11 (U3)	REFERENCE REQUEST	HHS	1987
OF 11 (U3)	REFERENCE REQUEST FEDERAL RECORD CENTER	OBA	1987
HCFA-11-APG (BK)	FEDERAL ASSISTANCE APPLICATION INSTRUCTIONS	OBA	1987
HCFA-11-PG (BK)	FEDERAL ASSISTANCE	OBA	1987
HCFA-18-SP (F6)	APPLICATION FOR HOSPITAL INSURANCE	BPO	1987
HCFA-25 (BK)	MEDICAID PROGRAM BUDGET REPORT	BPO	1987
HCFA-30 (BK)	RURAL HEALTH CLINIC SURVEY	HSQB	1987
HCFA-30-E (SH)	CRUCIAL DATA EXTRACT	HSQB	1988
HCFA-40-B (SH)	APPLICATION FOR ENROLLMENT IN SMI	BPO	1987
HCFA-40-B (SH)	APPLICATION FOR ENROLLMENT IN SMI	BPO	1986
HCFA-64 (SH)	QUARTERLY STATEMENT OF EXPENDITURES	BPO	1986

HEALTH CARE FINANCING ADMINISTRATION
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FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETED
HCFA-64 (BK)	QUARTERLY MEDICAID STATEMENT OF EXPENDITURES	BPO	1988
HCFA-78 (SH)	TRAINING CERTIFICATE	OBA	1987
HCFA-92 (BK)	COMPUTATION OF INTERIM RATES	BERC	1988
SF 135-A (SH)	RECORDS TRANSMITTAL RECEIPT	OBA	1987
HCFA-145 (SH)	APPLICATION FOR GOVERNMENT ID CARD	OBA	1988
HCFA-L161 (SH)	GRANT AWARD LETTER	BPO	1987
HCFA-203 (SH)	SERVICES OFFERED IN INTERSTATE COMMERCE	HSQB	1987
HCFA-221 (BK)	HHA COST DATA	BERC	1987
HCFA-221-A (BK)	HHA COST DATA EXTRACTION FORM	BERC	1987
HCFA-262 (U5)	RQST TO ESTABLISH ELIG IN MEDICARE AS PT	HSQB	1988
HCFA-283 (U3)	PACKAGING & DISTRIBUTION TRANSMITTAL	OBA	1987
HCFA-300 (U3)	REQUEST AND AUTHORIZATION FOR OVERTIME	OBA	1987

HEALTH CARE FINANCING ADMINISTRATION
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FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETED
HCFA-301 (BK)	CROSS REF SSA-4357 MEDICAID QC	BQC	1987
HCFA-323 (U3)	TELEPHONE SERVICE ORDER	OBA	1988
HCFA-325 (SH)	RECORDS TRANSMITTAL	OBA	1987
HCFA-L327 (C1)	NOTICE OF TERMINATION OF MEDICAL INS BENEFITSN	BPO	1987
HCFA-L327-327/A (C2)	MEDICARE INFORMATION NOTICE OF TERMINATION OF SMI	BPO	1987
HCFA-331 (SH)	CLAIMS PROCESSING REVIEW SCHEDULE	BQC	1988
HCFA-336 (SH)	CONTRACT MEMO OF TRANSMITTAL AND CHECKLIST	OBA	1987
HCFA-339 (BK)	PROVIDER COST REPORT REVIEW QUESTIONNAIRE	BERC	1986
HCFA-352 (U2)	PT/A RECONSIDERATION INPUT RECORD	BPO	1986
HCFA-353 (U2)	PT/A PREHEARING INPUT RECORD	BPO	1986
HCFA-354 (SH)	PT/A POST HEARING INPUT RECORD	BPO	1986
HCFA-360 (BK)	CORF SURVEY REPORT	HSQB	1987

HEALTH CARE FINANCING ADMINISTRATION
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FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETED
HCFA-L365 (SH)	REPORT TO MEDICARE OF AUTOMOBILE/LIABILITY INS	BPO	1987
HCFA-374 (U4)	STATUS OF STAFFING ACTION	OBA	1988
HCFA-374 (SH)	VACANCY ANNOUNCEMENT NOTIFICATION	OBA	1988
HCFA-384 (SH)	PSRO CASE SUMMARY	BPO	1987
HCFA-384 (SH)	PSRO CASE SUMMARY	HSQB	1988
HCFA-418 (SH)	PERFORMANCE APPRAISAL WORKPLAN SUMMARY	OBA	1987
HCFA-432-A (U8)	ORDER FOR SUPPLIES OR SERVICES GC3 SHIP ADDRESS	OBA	1988
HCFA-432-B (U8)	ORDER FOR SUPPLIES OR SERVICES BLANK ADDRESS	OBA	1986
HCFA-437-A (BK)	REHAB HOSPITAL & UNIT CRITERIA WORKSHEET	HSQB	1986
HCFA-L457 (SH)	ACKNOWLEDGEMENT OF REQUEST	BPO	1986
HCFA-L457-FC (SH)	MEDICARE INFORMATION -FOREIGN CLAIM	BPO	1987
HCFA-462 (SH)	ADVERSE ACTION	HSQB	1988

FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETED
HCFA-482 (SH)	ADVERSE ACTION	HSQB	1988
HCFA-484 (BK)	MEDICAID STATE AGENCY THIRD PARTY LIABILITY	BPO	1987
HCFA-479 (U3)	REQUEST FOR CARD KEY	OBA	1987
HCFA-480 (U2)	PROCEDURE FOR USE OF CARD KEY ACCESS SYSTEM	OBA	1987
HCFA-485 (C4)	HOME HEALTH CERIFICATION & PLAN OF TREATMENT	HSQB	1987
HCFA-485 (U4)	HOME HEALTH CERTIFICATION & PLAN OF TREATMENT	HSQB	1987
HCFA-486 (C3)	MEDICAL UPDATE & PATIENT INFORMATION	HSQB	1987
HCFA-486 (U3)	MEDICAL UPDATE & PATIENT INFORMATION	HSQB	1987
HCFA-487 (C4)	PLAN OF TREATMENT MEDICAL UPDATE & PATIENT	HSQB	1987
HCFA-487 (U4)	PLAN OF TREATMENT MED UPDATE AND PATIENT	HSQB	1987
HCFA-488 (U2)	HHA INTERMEDIARY MEDICAL INFORMATION REQUEST	HSQB	1987
HCFA-490-A (SH)	DPT EPMS: HCFA PERFORMANCE APPRAISAL DATA	OBA	1988

HEALTH CARE FINANCING ADMINISTRATION
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CATALOG OF OBSOLETE FORMS

FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETED
HCFA-519 (BK)	MEDICARE/MEDICAID SNF/ICF SURVEY REPORT PT/B	HSQB	1988
HCFA-521 (SH)	TOUR NOTES WORKSHEET	HSQB	1988
HCFA-525 (BK)	MEDICARE/MEDICAID SNF/ICF SURVEY REPORT PT/A	HSQB	1988
HCFA-527 (SH)	BILL REVIEW DOCUMENTATION SUMMARY	BQC	1987
HCFA-537 (SH)	BILL REVIEW DOCUMENTATION SUMMARY	BQC	1986
HCFA-538 (SH)	SURVEYOR CHARACTERISTICS AND TRAINING QUESTIONNAIRE	HSQB	1987
HCFA-566 (SH)	HMO/ COMPETITIVE MEDICAL PLAN (CMP) DISENROLLMENT FORM	OPHC	1987
HCFA-590 (CD)	CERTIFICATE OF APPOINTMENT-ADMINISTRATIVE LAW JUDGE	BMHA	1988
HCFA-591 (CD)	ADMINISTRATIVE LAW JUDGE IDENTIFICATION CARD	BMHA	1988
HCFA-L623-623A (C1)	NOTICE REGARDING COLLECTION OF MEDICARE PREMIUMS	BPO	1988
HHS 632 (SH)	FREEDOM OF INFORMATION REQUEST	OPA	1987
HCFA-633 (US)	INVOICE OF FEES FOR FOIA SERVICES	OPA	1987

HEALTH CARE FINANCING ADMINISTRATION
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FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETED
HCFA-636 (U2)	TRANSMITTAL NOTICE HEARING CASE	BPO	1988
HCFA-1042 (SH)	REQUEST FOR DISTRIBUTION OF FORMS	OBA	1987
HCFA-1061 (SH)	GENERIC TABLE FOR INPATIENT HOSPITAL ONLY	BDMS	1986
HCFA-1062 (SH)	GENERIC TABLE FOR OTHER THAN INPATIENT HOSP	BDMS	1986
TPS 1099 (C3)	MISCELLANEOUS INCOME STATEMENT	OBA	1988
HCFA-1120 (SH)	CORRESPONDENCE DEVELOPMENT RECORD	BERC	1987
HCFA-1364 (SH)	REQUEST FOR ADJUSTMENT OF HI ENTITLEMENT	OBA	1986
HCFA-1490 (U2)	REQUEST FOR MEDICARE PAYMENT	BPO	1986
HCFA-1490-S (SH)	PATIENT'S REQUEST FOR MEDICARE PAYMENT	BPO	1987
HCFA-1490-S SC (SH)	PATIENT'S REQUEST FOR MEDICARE PAYMENT	BPO	1987
HCFA-1490-S SP (SH)	PATIENTS REQUEST FOR MEDICARE PAYMENT	BPO	1989
HCFA-1490-U (C3)	REQUEST FOR MEDICARE PAYMENT	BPO	1987

HEALTH CARE FINANCING ADMINISTRATION
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FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETED
HCFA-1490-U (C1)	REQUEST FOR MEDICARE PAYMENT	BPO	1987
HCFA-1490-U (C2)	REQUEST FOR MEDICARE PAYMENT	BPO	1988
HCFA-1491 (C2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1987
HCFA-1491 (U2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1987
HCFA-1491 (SH)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1987
HCFA-1491 (C3)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1987
HCFA-1491 (U3)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1987
HCFA-1491 (SH)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1989
HCFA-1491 (U2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1989
HCFA-1491 (C2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1989
HCFA-1491-OCR (U2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1987
HCFA-1491-RIMA (U3)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1987

HEALTH CARE FINANCING ADMINISTRATION
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FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETED
HCFA-1491-SC (U2)	REQUEST FOR MEDICARE PAYMENT AMBULANCE	BPO	1987
HCFA-1491-SC (SH)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1987
HCFA-1491-SC (C2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1987
HCFA-1491-SC (SH)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1989
HCFA-1491-SC (U2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1989
HCFA-1491-SC (C2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1989
HCFA-1500 (C3)	HEALTH INSURANCE CLAIM FORM	BPO	1987
HCFA-1500 (U3)	HEALTH INSURANCE CLAIM FORM	BPO	1987
HCFA-1500-SC (C1)	HEALTH INSURANCE CLAIM FORM	BPO	1987
HCFA-1513 (U5)	OWNERSHIP & CONTROL INTEREST DISCLOSURE STATEMENT	HSQB	1986
HCFA-1514 (U5)	HOSPITAL REQUEST TO ESTABLISH ELIGIBILITY	HSQB	1986
HCFA-1516 (U5)	LONG TERM CARE FACILITY REQUEST FOR CERTIFICATION	HSQB	1986

HEALTH CARE FINANCING ADMINISTRATION
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FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETED
HCFA-1521 (SH)	PAY VOUCHER ON LETTER OF CREDIT	BPO	1988
HCFA-1522 (SH)	MONTHLY INTERMEDIARY FINANCIAL REPORT	BPO	1988
HCFA-1522-A (SH)	MONTHLY RECONCILIATION OF SMI FUNDS	BPO	1986
HCFA-1522-A (SH)	MONTHLY RECONCILIATION OF SMI FUNDS	BPO	1986
HCFA-1523 (SH)	ESTIMATE OF ADMINISTRATIVE COSTS & CREDITS	BPO	1987
HCFA-1524 (SH)	ESTIMATE OF ADMINISTRATIVE COSTS & CREDITS	BPO	1987
HCFA-1533 (C1)	MEDICARE BENEFITS RECORD	BOMS	1987
HCFA-1537 (BK)	HOSPITAL SURVEY REPORT	HSQB	1986
HCFA-1537-A (BK)	PSYCHIATRIC HOSPITAL SURVEY REPORT	HSQB	1986
HCFA-1551 (SH)	DIRECT DEALING PROVIDER INPUT WORKSHEET	BPO	1987
HCFA-1561 (SH)	HEALTH INSURANCE BENEFIT AGREEMENT	HSQB	1986
HCFA-1561-A (SH)	HEALTH INSURANCE BENEFITS AGREEMENT	HSQB	1986

HEALTH CARE FINANCING ADMINISTRATION
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FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETED
HCFA-1565 (SM)	MEDICARE PROGRAM CARRIER PERFORMANCE REPORT	BPO	1986
HCFA-1565 (SM)	MEDICARE PROGRAM CARRIER PERFORMANCE REPORT	BPO	1986
HCFA-1565-B (SM)	QUARTERLY SUPPLEMENT TO CARRIER PERFORMANCE RPT	BQC	1986
HCFA-1566 (SM)	MEDICARE PROGRAM INTERMEDIARY WORKLOAD REPORT	BQC	1987
HCFA-1566 (SM)	INTERMEDIARY WORKLOAD REPORT	BPO	1986
HCFA-1566-B (SM)	QUARTERLY SUPPLEMENT TO INTERMEDIARY WORKLOAD	BQC	1986
HCFA-1589 (C1)	MEDICAL INSURANCE TERMINATION RECORD(DIO)	BPO	1987
HCFA-1592 (SM)	SMI PREMIUM ACCOUNTING CARD	BPO	1986
HCFA-1606 (SM)	PAYMENT RECORD TRANSMITTAL	OBA	1986
HCFA-1727 (SM)	INSTRUCTIONS FOR HANDLING CORRESPONDENCE	BERC	1987
HCFA-1728-B (SM)	SUPPLEMENTAL WORKSHEET A8	BERC	1986
HCFA-1738-C (SM)	SUPPLEMENTAL WORKSHEET D3	BERC	1986

HEALTH CARE FINANCING ADMINISTRATION
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FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETED
HCFA-1728-C (SH)	SUPPLEMENTAL WORKSHEET D3	BERC	1986
HCFA-1728-D (SH)	SUPPLEMENTAL WORKSHEET D3	BERC	1986
HCFA-1728-K (BK)	HHA BASED HOSPICE COST & DATA REPORT	BERC	1986
HCFA-1728-81 (BK)	HHA COST REPORT	BERC	1986
HCFA-1822 (SH)	QUARTERLY PROVIDER AUDIT ACTIVITY REPORT	BPO	1986
HCFA-1823 (SH)	COST REPORT SETTLEMENT LOG	BPO	1986
HCFA-1938 (U4)	SOCIAL SECURITY OFFICE RQST FOR ASSISTANCE	BPO	1988
HCFA-1966 (CD)	HEALTH INSURANCE CARD	BPO	1989
HCFA-2042 (CD)	ADMINISTRATIVE TIME & LEAVE RECORD	OBA	1988
HCFA-2042 (SH)	ADMINISTRATIVE TIME & LEAVE RECORD	OBA	1986
HCFA-2082 (BK)	STATISTICAL REPORT ON MEDICAL CARE	OACT	1986
HCFA-2088 (BK)	OUTPATIENT PHYSICAL THERAPY	BERC	1987

HEALTH CARE FINANCING ADMINISTRATION
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FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETED
HCFA-2174 (SH)	QUARTERLY REPORT OF CARRIER OVERPAYMENT	BPO	1986
HCFA-2318 (SH)	REVIEW CONTROL	OBA	1988
HCFA-2344 (SH)	SUPPLEMENTAL BILLING LIST	OBA	1986
HCFA-2384 (U2)	THIRD PARTY PREMIUM BILLING REQUEST	BPO	1987
HCFA-2442 (SH)	PART/A RECONSIDERATION STATUS	BPO	1986
HCFA-2552-81 (BK)	HOSPITAL SNF & HEALTH CARE COMPLEX	BERC	1987
HCFA-2552-81-J (SH)	COST REPORT FORM	BERC	1988
HCFA-2552-83 (BK)	HOSPITAL COST REPORT	BERC	1986
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